

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 23, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000040871

1. Entity Name

CHAPARRAL AUTO TRANSPORT, INC.



Principal Place of Business

**13950 62ND STREET N
CLEARWATER, FL 33760**

Mailing Address

**13950 62ND STREET N
CLEARWATER, FL 33760**

DO NOT WRITE IN THIS SPACE



01232007

No Chg-P

CR2E034 (11/05)

4. FEI Number

91-2193312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**CHISHOLM, GARY
13950 62ND STREET N
CLEARWATER, FL 33760**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

CHISHOLM, GARY

STREET ADDRESS

13950 62ND STREET N

CITY-ST-ZIP

CLEARWATER, FL 33760

TITLE

D

NAME

CHISHOLM, DONNA

STREET ADDRESS

13950 62ND STREET N

CITY-ST-ZIP

CLEARWATER, FL 33760

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

U00000726458

05/04/07-80008-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Chisholm

4-19-07

Date

727-531-6300

Daytime Phone #