

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045377

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: BUTCH CHAPMAN BUILDERS INC.

## Current Principal Place of Business:

3927 BOB SIKES ROAD  
DEFUNIAK SPRINGS, FL 32435

## New Principal Place of Business:

290 DR. ROBERTS DR.  
DEFUNIAK SPRINGS, FL 32433

## Current Mailing Address:

290 DR ROBERTS DR.  
DEFUNIAK SPRINGS, FL 32435

## New Mailing Address:

FEI Number: 16-1664604      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAPMAN, MILLI  
3929 BOB SIKES ROAD  
DEFUNIAK SPRINGS, FL 32435      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GEORGE,  
Address: 3927 BOB SIKES ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: SD ( ) Delete  
Name: CHAPMAN, ASHLEY  
Address: 3927 BOB SIKES ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: TD ( ) Delete  
Name: CHAPMAN, MILLI J  
Address: 3927 BOB SIKES ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: CHAPMAN, CASSIE J  
Address: 290 DR. ROBERTS DR.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE CHAPMAN

PD

04/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date