

2004 FOR PROFIT CORPORATION ANNUAL REPORT


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Jun 22, 2004 8:00 am
Secretary of State

04-21-2004 90030 045 ***150.00

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03182004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000055787 1. Entity Name CHAPLIN CONSULTING GROUP, INC.			
Principal Place of Business 5701 BENT GRASS DRIVE #101 SARASOTA, FL 34243		Mailing Address 5701 BENT GRASS DRIVE #101 SARASOTA, FL 34243	
2. Principal Place of Business Suite, Apt. #, etc. 6618 Tailfeather Way Bradenton, FL		3. Mailing Address Suite, Apt. #, etc. 6618 Tailfeather Way Bradenton, FL	
City & State 34203 USA		City & State 34203 USA	
Zip Country 34203 USA		Zip Country 34203 USA	
4. FEI Number 43-2011902		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAPLIN, ROBERTA 5701 BENT GRASS DRIVE #101 SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Roberta M. Chaplin</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE: 4/10/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Roberta M. Chaplin <input type="checkbox"/> Delete 6618 Tailfeather Way President Bradenton, FL 34203 OWNER		TITLE NAME STREET ADDRESS CITY-ST-ZIP AS REQUESTED, THE FORM HAS INCLUDED THE TITLES OF OFFICERS. Thank you, <i>Roberta M. Chaplin</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Roberta M. Chaplin, President & Owner</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 4/10/04 Daytime Phone #: 941/727-4903	