


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90014 050 ***150.00

DOCUMENT # P03000149563	
1. Entity Name DAVID CHAPPELE, INC	

Principal Place of Business 2527 N. PALM DRIVE COCOA, FL 32926 US	Mailing Address 2527 N. PALM DRIVE COCOA, FL 32926 US
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2. Principal Place of Business - No P.O. Box # 4485 Sheridan Ave	3. Mailing Address 4485 Sheridan Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Cocoa, FL	City & State Cocoa, FL
Zip 32926	Country Brevard
Zip 32926	Country Brevard

08122007 Chg-P CR2E034 (12/06)

4. FEI Number 30-0220762	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 CHAPPELE, DAVID 2527 N. PALM DRIVE COCOA, FL 32926	
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7. Name and Address of New Registered Agent Name Chappele David Street Address (P.O. Box Number is Not Acceptable) 4485 Sheridan Ave. City Cocoa FL Zip Code 32926	
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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 _____ DATE 8/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPPELE, DAVID 2527 N. PALM DRIVE COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chappele, David 4485 Sheridan Ave Cocoa, FL 32926 <input checked="" 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"/> 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"/> Change <input type="checkbox"/> Addition
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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

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 another like empowered.	
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	8/10/07 321-636-3922 <small>Date Daytime Phone #</small>
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