

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000149563

Entity Name: DAVID CHAPPELE, INC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4485 SHERIDAN AVE  
COCOA, FL 32926 US

**New Principal Place of Business:**

**Current Mailing Address:**

4485 SHERIDAN AVE  
COCOA, FL 32926 US

**New Mailing Address:**

FEI Number: 30-0220762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAPPELE, DAVID  
4485 SHERIDAN AVE  
COCOA, FL 32926 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHAPPELE, DAVID  
Address: 4485 SHERIDAN AVE  
City-St-Zip: COCOA, FL 32926 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID CHAPPELE

PRES

04/29/2011

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

\_\_\_\_\_  
Date