

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-04-2005 90128 002 ***150.00
05-26-2005 90029 008 ***150.00

DOCUMENT # P04000058650

1. Entity Name
ESTEVEZ & CHAPMAN, INC.



Principal Place of Business
**917 N. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741**

Mailing Address
**917 N. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



05242005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0978286** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CHAPMAN, JESUS
917 N. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741**

7. Name and Address of New Registered Agent
Name **VICTOR ESTEVEZ**
Street Address (P.O. Box Number is Not Acceptable)
917 N. JOHN YOUNG PARKWAY
City **KISSIMMEE** FL Zip Code **34741**

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 **VICTOR ESTEVEZ** DATE **5/23/05**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ESTEVEZ, VICTOR 917 N. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT/S/D VICTOR ESTEVEZ 917 N. JOHN YOUNG PARKWAY KISSIMMEE, FLORIDA 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHAPMAN, JESUS 917 N. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741 <input checked="" 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 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 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: **VICTOR ESTEVEZ** DATE **5/23/05** 407-343-5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #