

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90102 025 \*\*\*150.00

**DOCUMENT # P04000070676**

1. Entity Name

CHIPOLA RIVER INVESTMENTS, INC.



Principal Place of Business  
1703 ILLINOIS AVENUE  
LYNN HAVEN FL 32444  
US

Mailing Address  
1703 ILLINOIS AVENUE  
LYNN HAVEN FL 32444  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOZEMAN, BRADLEY SCOTT  
1703 ILLINOIS AVENUE  
LYNN HAVEN FL 32444

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCGRONE, JAMES A JR.	
STREET ADDRESS	2401 DOROTHY AVENUE UNIT 9	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOZEMAN, BRADLEY SCOTT	
STREET ADDRESS	1703 ILLINOIS AVENUE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCBONE SEYTON, CHRISTIE	
STREET ADDRESS	1703 ILLINOIS AVENUE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOZEMAN, BRADLEY SCOTT	
STREET ADDRESS	1703 ILLINOIS AVENUE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Bozeman	
STREET ADDRESS	579 Burgess Creek Rd.	
CITY-ST-ZIP	WEWAH, FLORIDA 32465-5217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

**SIGNATURE:** *Jim Bozeman* **Jim BOZEMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 28, 2006* **850 639 2275**

Date

Daytime Phone #