

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 18, 2007 08:00 AM  
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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, 2007 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  
NAME BOZEMAN, JIM  
STREET ADDRESS 579 BURGESS CREEK RD  
CITY- ST- ZIP WEWAHITCHKA FL 32465-5217

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VP  
NAME BOZEMAN, BRADLEY SCOTT  
STREET ADDRESS 1703 ILLINOIS AVENUE  
CITY- ST- ZIP LYNN HAVEN FL 32444

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE S  
NAME MCCRONE, SEXTON, CHRISTIE  
STREET ADDRESS 1703 ILLINOIS AVENUE  
CITY- ST- ZIP LYNN HAVEN FL 32444

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE T  
NAME BOZEMAN, BRADLEY SCOTT  
STREET ADDRESS 1703 ILLINOIS AVENUE  
CITY- ST- ZIP LYNN HAVEN FL 32444

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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:

*Bradley Scott Bozeman*  
Bradley Scott Bozeman

04-10-2007

850-639-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #