## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P06000084733

1. Entity Name

CHAPELIN GROUP & ASSOCIATES, CORP.



FILED Mar 12, 2008 08:00 A Secretary of State

Principal Place of Business

6513 CATALINA LN TAMARAC, FL 33321 Mailing Address

6513 CATALINA LN TAMARAC, FL 33321



DATE

DO NOT WRITE IN THIS SPACE

03012008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5089088

5. Certificate of Status Desired

Not Applicable
\$8.75 Additional

Applied For

6. Name and Address of Current Registered Agent

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

CHAPELIN, DANILO 6513 CATALINA LN TAMARAC, FL 33321 DO NOT WRITE IN THIS SPACE

o. The above named entity submits the	is statement for the purpose of changing its registered office of	registered agent, or both, in the state or londa.	tarriarista with, and accept
the obligations of registered agent.			
CICNATUDE			

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE CHAPELIN, DANILO NAME STREET ADDRESS 6513 CATALINA LN CITY-ST-ZIP TAMARAC, FL 33321 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone •