

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032713

FILED
Apr 13, 2009
Secretary of State

Entity Name: CHAPPELL COMMERCIAL PROPERTIES, INC.

Current Principal Place of Business:

8630 GREAT COVE DR., SUITE 200
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

195 S WESTMONTE DRIVE
SUITE 1122
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

1039 HARLEY STRICKLAND BLVD
SUITE 700
ORANGE CITY, FL 32763

FEI Number: 20-8639773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPPELL, MONIKA
8630 GREAT COVE DR., SUITE 200
ORLANDO, FL 32819 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STRASBERG, LES
Address: 195 SOUTH WESTMONT DR., SUITE 1122
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: CHAPPELL, MONIKA
Address: 8630 GREAT COVE DR., SUITE 200
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STRASBERG, LES
Address: 1039 HARLEY STRICKLAND BLVD, STE 700
City-St-Zip: ORANGE CITY, FL 32763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MONIKA CHAPPELL

D

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date