

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000007107

1. Entity Name
CHAPARRAL INN, INC.



Principal Place of Business
2159 S. BYRON BUTLER PARKWAY
PERRY, FL 32348

Mailing Address
2159 S. BYRON BUTLER PARKWAY
PERRY, FL 32348



DO NOT WRITE IN THIS SPACE

04142006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3300637
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, HOKE JR.
601 NORTH QUINCY
PERRY, FL 32347

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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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000532801
05/06/06-80098-011-150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------|
| TITLE | V |
| NAME | DAVIS, HOKE JR. |
| STREET ADDRESS | 601 NORTH QUINCY |
| CITY-ST-ZIP | PERRY, FL 32347 |
| TITLE | P |
| NAME | DAVIS, HELEN |
| STREET ADDRESS | 601 NORTH QUINCY |
| CITY-ST-ZIP | PERRY, FL 32347 |
| TITLE | ST |
| NAME | DAVIS, GARY |
| STREET ADDRESS | ROUTE 4 BOX 412 |
| CITY-ST-ZIP | PERRY, FL 32347 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/06