


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000075255**

1. Entity Name  
**CHAPLIN & CHAPLIN, INC.**



Principal Place of Business      Mailing Address

**5190 OVERSEAS HWY**      **5190 OVERSEAS HWY**  
**MARATHON, FL 33050 US**      **MARATHON, FL 33050 US**

**DO NOT WRITE IN THIS SPACE**



03252006    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**65-0629530**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Applied For / Not Applicable

6. Name and Address of Current Registered Agent

**CHAPLIN, F. JAMES**  
**5190 OVERSEAS HIGHWAY**  
**MARATHON, FL 33050**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

000000318997  
 04/27/06-80005-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAPLIN, F. JAMES
STREET ADDRESS	5190 OVERSEAS HWY
CITY - ST - ZIP	MARATHON, FL 33050
TITLE	D
NAME	CHAPLIN, BETTYE B
STREET ADDRESS	5190 OVERSEAS HWY
CITY - ST - ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: *F. James Chaplin*      Date: 4-11-6      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR