

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000083709**

1. Entity Name  
R.L. CHAPMAN, INC.



Principal Place of Business  
1461 SOUTH MICHIGAN AVE.  
CLEARWATER, FL 33756 US

Mailing Address  
1461 SOUTH MICHIGAN AVE.  
CLEARWATER, FL 33756 US

**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-P CRZE034 (11/05)

4. FEI Number  
59-3366229

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HAMMOND, JAMES M  
1831 N. BELCHER RD  
STE A-1  
CLEARWATER, FL 33765

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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

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

(NOTE: Registered Agent signature required when ratifying)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHAPMAN, THOMAS
STREET ADDRESS	1461 SOUTH MICHIGAN AVE.
CITY- ST- ZIP	CLEARWATER, FL 33756
TITLE	ST
NAME	CHAPMAN, SHARON
STREET ADDRESS	1461 SOUTH MICHIGAN AVE.
CITY- ST- ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

011120080143834  
03/06/06-80028-001 150.00

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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

2/20/06 727-446-6615

Date

Daytime Phone