

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083093

FILED
Jul 15, 2005
Secretary of State

Entity Name: DIANE CHAPLIN, P.A.

Current Principal Place of Business:

7993 OVERSEAS HIGHWAY
SUITE 4
MARATHON, FL 33050

New Principal Place of Business:

7999 OVERSEAS HIGHWAY
SUITE 1
MARATHON, FL 33050

Current Mailing Address:

P.O. BOX 500832
MARATHON, FL 33050

New Mailing Address:

FEI Number: 65-0795960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENMAN, FRANKLIN D
5800 OVERSEAS HIGHWAY
SUITE 40
MARATHON, FL 33050 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAPLIN, DIANE
Address: 7993 OVERSEAS HIGHWAY STE 4
City-St-Zip: MARATHON, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHAPLIN, DIANE
Address: 7999 OVERSEAS HIGHWAY STE 1
City-St-Zip: MARATHON, FL 33050

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIANE CHAPLIN

D

07/15/2005

Electronic Signature of Signing Officer or Director

_____ Date