


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000039441	
1. Entity Name CHAPARRAL ENTERPRISES, INC.	

Principal Place of Business 13950 62ND ST N CLEARWATER, FL 33760	Mailing Address 13950 62ND ST N CLEARWATER, FL 33760
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01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3553661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CHISHOLM, KARAN 13950 62ND ST N CLEARWATER, FL 33760
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**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 \_\_\_\_\_ (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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, DONNA 13950 62ND ST N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, GARY 13950 62ND ST N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, KARAN 13950 62ND ST N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, RUSTY 13950 62ND ST N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000442936  
03/04/06 00040-024 150.00

**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: Rusty Chisholm RUSTY CHISHOLM 2-15-06 727-531-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #