

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 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



03312008 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 ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHISHOLM, KARAN
13950 62ND ST N
CLEARWATER, FL 33760

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME CHISHOLM, DONNA
STREET ADDRESS 13950 62ND ST N
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE D
NAME CHISHOLM, GARY
STREET ADDRESS 13950 62ND ST N
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE D
NAME CHISHOLM, KARAN
STREET ADDRESS 13950 62ND ST N
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE D
NAME CHISHOLM, RUSTY
STREET ADDRESS 13950 62ND ST N
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000888603
04/22/08-80019-017 150.00

**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-08 727-531-6300

Date

Daytime Phone #