2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010863

FILED Apr 17, 2008 Secretary of State

Entity Na	me: CHAPMA	N WAREHOUSES, INC.		-		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
	ITH MICHIGAN ATER, FL 337					
Current Mailing Address:			New Mailing Address	New Mailing Address:		
	ITH MICHIGAN ATER, FL 337					
FEI Number	: 59-3570321	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)		
Name and	d Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:		
1831 N. BI	D, JAMES M E LECHER ROA ATER, FL 337	D, SUITE A-1				
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,		
SIGNATU	RE:					
	Electror	nic Signature of Registered Age	ent	Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name:	P () CHAPMAN, TH	Delete	Title: P Name: CHAPMAN,	(X) Change () Addition THOMAS R		

205 ORANGEWOOD LANE 205 ORANGEWOOD LANE Address: Address: City-St-Zip: LARGO, FL City-St-Zip: LARGO, FL 33770

Title: () Delete Title: () Change () Addition

CHAPMAN, SHARON M Name: Name: Address: 205 ORANGEWOOD LANE Address: LARGO, FL 33770 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS R. CHAPMAN **PRES** 04/17/2008