


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000113252

1. Entity Name
 CHAPMAN COMMAND CENTER, INC.



Principal Place of Business 902 CLINT MOORE RD. STE 10 BOCA RATON, FL 33487	Mailing Address 902 CLINT MOORE RD. STE 104 BOCA RATON, FL 33487
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04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1636718	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, ROBERT W
 902 CLINT MOORE RD
 STE 104
 BOCA RATON, FL 33487

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

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	C CHAPMAN, ROBERT W 902 CLINT MOORE RD STE 104 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPMAN, ROBERT 902 CLINT MOORE RD STE 104 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPMAN, CLAUDETTE 902 CLINT MOORE ROAD BOCA RATON, FL 33487
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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: Robert W Chapman PRES + CEO 4/24/06 (561) 995-9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #