


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90023 003 ***150.00

DOCUMENT # P02000113252

1. Entity Name
CHAPMAN COMMAND CENTER, INC.




Principal Place of Business 901 CLINT MOORE RD. SUITE 941 BOCA RATON, FL 33487	Mailing Address 901 CLINT MOORE RD. STE 941 BOCA RATON, FL 33487
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2. Principal Place of Business - No P.O. Box # 941 Clint Moore Road Suite, Apt. #, etc.	3. Mailing Address 941 Clint Moore Road Suite, Apt. #, etc.
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City & State Boca Raton, FL	City & State Boca Raton, FL	4. FEI Number 16-1636718	Applied For Not Applicable
Zip 33487	Country USA	Zip 33487	Country USA

6. Name and Address of Current Registered Agent

CHAPMAN, ROBERT W
 901 CLINT MOORE RD
 STE 941
 BOCA RATON, FL 33487



04102008 Chg-P CR2E034 (12/06)

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CHAPMAN, ROBERT W 901 CLINT MOORE RD STE 941 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Chapman, Robert W. 941 Clint Moore Road Boca Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOBAN, MICHAEL P 901 CLINT MOORE RD STE 941 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hoban, Michael P. 941 Clint Moore Road Boca Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPMAN, CLAUDETTE 901 CLINT MOORE ROAD STE 941 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Chapman, Claudette 941 Clint Moore Road Boca Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: M. W. Chapman / 19/08 (561) 995-9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #