## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 05, 2008 08:00 AN Secretary of State **DOCUMENT # 206171** 1. Entity Name CHASE INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 333 N.W. 70TH AVENUE, #108 333 N.W. 70TH AVENUE, #108 PLANTATION FL 33317-2358 PLANTATION FL 33317-2358 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #. etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-0821658 Not Applicable Zip Ζφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHASE, RICHARD HENRY JR. Street Address (P.O. Box Number is Not Acceptable) 333 N.W. 70TH AVENUE PLANTATION FL 33317 City 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 colligations of registered agent. SIGNATURE Signature, typed or printed hante of registered agent and title if surpricable (NOTE: Registieled Agent eignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 ---9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Derete TITLE Change Addition CHASE, MICHAEL W NAME NAME STREET ADDRESS 333 N.W. 70TH AVE. #108 STREET ADDRESS PLANTATION FL CiTY+SI-7IP CITY-ST-ZIP DVP TITLE ☐ Dalete Change ■ Addition U000000816385 CHASE, MARK RAYMOND NAME NAME 02/14/08-80048-011 150.00 STREET ADDRESS 333 N.W. 70TH AVE. #108 STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZIF TOTALE ☐ Delete TITLE ☐ Change Addition NAME CHASE, RICHARD HENRY JR. STREET ADDRESS 333 N.W. 70TH AVE. #108 STREET ADDRÉSS CITY-ST-ZIF CITY-ST-ZIP PLANTATION FL 11114 ☐ Deiete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De'ete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael W Chase

1/30/08

(954) 792-430d

Dayt me Phone #