


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 600507 1. Entity Name DRS. CHACE & HORVAT, P.A.	
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Principal Place of Business 801 W.MORSE BOULEVARD WINTER PARK, FL 32789	Mailing Address 801 W.MORSE BOULEVARD WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1221629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHACE, RICHARD JR
 801 W. MORSE BLVD
 WINTER PARK, FL 32789

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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 _____

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
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HORVAT, RODNEY 801 W MORSE BOULEVARD WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV CHACE, JR., RICHARD 801 W MORSE BLVD WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHACE, RICHARD S 801 W. MORSE BLVD. WINTER PARK, FL
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 01/16/08-80043-015 150.00

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 1/14/08 Daytime Phone #: (407) 6444404