


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90010 027 ***150.00

DOCUMENT # H47327
 1. Entity Name
CHASE HILL REALTY, INC.



Principal Place of Business
505A HOOPER DRIVE
FORT WALTON BEACH, FL 32548-4056

Mailing Address
505 A. HOOPER DRIVE
FORT WALTON BEACH, FL 32548-4056 US

J4021366



2. Principal Place of Business
1339B Greenacres Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 490
 Suite, Apt. #, etc.

03112004 Chg-P CR2E034 (10/03)

City & State
Ft. Walton Beach, FL

City & State
Ft. Walton Beach, FL

Zip
32547

Country
USA

Zip
32549

Country
USA

4. FEI Number
59-2583430

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CARNATHAN, CLAY M.
505 A HOOPER DR.
FORT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent

Name
Clay M. Carnathan

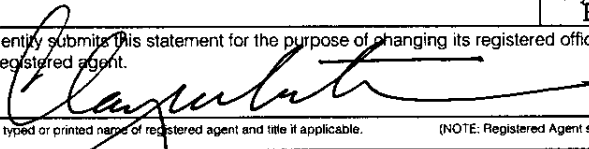
Street Address (P.O. Box Number is Not Acceptable)
149 Linstew Drive

City
Fort Walton Beach

State
FL

Zip Code
32548

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  **Clay M. Carnathan** 3/19/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

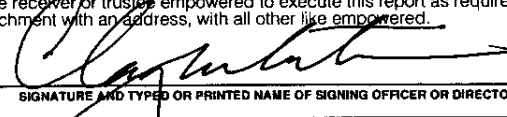
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARNATHAN, CLAY M. 149 LINSTEW FT. WALTON BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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:  **Clay M. Carnathan** 3/19/04 850-423-0401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #