


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90023 034 ***150.00

DOCUMENT # L89540

1. Entity Name
CHASE & COMPANY



Principal Place of Business
**7684 LAKE OLA DRIVE
 MOUNT DORA FL 32757
 US**

Mailing Address
**P.O. BOX 458
 TANGERINE FL 32777
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3018780**

Applied For
 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**AKINS, DAVID J.
 SUNBANK CENTER
 200 S ORANGE AVE., STE. 3000
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name *Sydney O. Chase III*

Street Address (P.O. Box Number is Not Acceptable)
7684 Lake Ola Drive

City *Mount Dora* FL Zip Code *32757*

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 *Sydney O. Chase III* *Sydney O. Chase III* *23 February 2004*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> Delete
NAME	CHASE, SYDNEY O., III
STREET ADDRESS	P.O. BOX 458
CITY-ST-ZIP	TANGERINE FL
TITLE	DVP <input type="checkbox"/> Delete
NAME	CHASE, ROLAND S.
STREET ADDRESS	29 W. 65TH ST., APT. 3D
CITY-ST-ZIP	NEW YORK NY 10023
TITLE	DVP <input type="checkbox"/> Delete
NAME	CHASE, TORSTEN F
STREET ADDRESS	112 OAK AVE.
CITY-ST-ZIP	EVANSTON IL 60202
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Sydney O. Chase III* *Sydney O. Chase III* *23 Feb 2004* *352 385 4446*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #