


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M26092**  
 1. Entity Name  
**BERT CHASE REALTY, INC.**



Principal Place of Business <b>% BERT CHASE          4615 N. A STREET, P. O. BOX 18402          TAMPA, FL 33679</b>	Mailing Address <b>% BERT CHASE          4615 N. A STREET, P. O. BOX 18402          TAMPA, FL 33679</b>
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04052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2992157	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CHASE, BERT  
 4615 N. A STREET  
 BOX 18402  
 TAMPA, FL 33679**

**DO NOT WRITE IN THIS SPACE**

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, 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	PD CHASE, BERT 4615 N.A. ST, PO BOX 18402 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHASE, CRAIG 4615 N A ST TAMPA, FL 33609
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U00000149767  
 05/03/04-80199-023 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the like empowered.

SIGNATURE: *Craig Chase* **CRAIG CHASE** 4-25-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #