

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90047 022 \*\*\*150.00

**DOCUMENT # P02000010602**

1. Entity Name  
**DANIEL CHASE DEVELOPMENT, INC.**



Principal Place of Business  
 11199 POLO CLUB ROAD  
 SUITE B  
 WELLINGTON, FL 33414

Mailing Address  
 11199 POLO CLUB ROAD  
 SUITE B  
 WELLINGTON, FL 33414



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 30-0041160	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, DANIEL A  
 11199 POLO CLUB RD, SUITE B  
 WELLINGTON, FL 33414

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, Report and Address of Registered Agent and the Fee(s) due. (NOTE: Registered Agent's signature required when necessary)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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	<b>P</b> CHASE, DANIEL A 11199 POLO CLUB RD SUITE B WELLINGTON, FL 33414
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**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR