


FILED
Mar 03, 2008 8:00 am
Secretary of State

01-22-2008 90084 027 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000017869

1. Entity Name
 CHASE INDUSTRY INC.



Principal Place of Business 4813 - 26TH AVE. E. BRADENTON, FL 34208	Mailing Address P.O. BOX 1059 BRADENTON, FL 34206
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66002129



DO NOT WRITE IN THIS SPACE

01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3099494	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

HOLLIFIELD, BRIAN P
 4813 - 26TH AVE. E.
 BRADENTON, FL 34208

**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when contesting)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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	PRES HOLLIFIELD, ROBERT L PRES P.O. BOX 1059 BRADENTON, FL 34206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLIFIELD, SUSAN M VP P.O. BOX 1059 BRADENTON, FL 34206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HOLLIFIELD, BRIAN P SEC 4813 26TH AVENUE EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Brian P Hollifield* 2/28/08 941-7568000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #