


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90059 023 \*\*\*150.00

**DOCUMENT # P98000058152**  
1. Entity Name  
**CHASE HOSPITALITY CORP.**



Principal Place of Business      Mailing Address  
1020 HOMESTEAD BLVD      2519 S.W. 30TH AVENUE  
HOMESTEAD, FL 33030      FORT LAUDERDALE, FL 33312

66010555



03162005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0848881</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**MORAITIS, GEORGE R**  
**915 MIDDLE RIVER DRIVE SUITE 506**  
**FORT LAUDERDALE, FL 33304**

**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 re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$880.00**

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	DPTS JONES, JACQUELYNNE M 2519 S.W. 30TH AVENUE FORT LAUDERDALE, FL 33312
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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 be an attachment with an address, with all other like empowered.

SIGNATURE: Jacquelynne M. Jones      Date: 4/16/05      Deform Phone # 954 792-9452