

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90063 021 ***150.00

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1. Entity Name

AHEARN & CHASE INVESTMENT COMPANY



Principal Place of Business

650 W. POPE RD
UNIT 267
ST AUGUSTINE FL 32080

Mailing Address

650 W. POPE RD
UNIT 267
ST AUGUSTINE FL 32080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2829 VISTA COVE RD

City & State

ST AUGUSTINE, FL

Zip

32084

Country

Suite, Apt. #, etc.

2829 VISTA COVE RD.

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

4. FEI Number

59-3548221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIRAGUSA, MICHAEL A
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 VT
NAME AHEARN, THOMAS T ☒ Delete
STREET ADDRESS 1235 PONCE ISLAND DR #775
CITY-ST-ZIP SAINT AUGUSTINE FL 32095

TITLE PS
NAME CHASE, WILLARD L ☐ Delete
STREET ADDRESS 189 INLET DR
CITY-ST-ZIP ST AUGUSTINE FL 32080

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AHEARN, THOMAS T. ☒ Change ☐ Addition
NAME
STREET ADDRESS 2829 VISTA COVE RD.
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 15 2005 8199169