

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 400977

1. Entity Name **AMERICCHASE CORP.** f/k/a
DUENSING GROVES, INC.



FILED

04 NOV -8 PM 2: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10142004 Chg-P CR2E034 (10/03)

Principal Place of Business
**5689 BEND CREEK ROAD
ATLANTA, GA 30338 US**

Mailing Address
**5689 BEND CREEK ROAD
ATLANTA, GA 30338 US**

2. Principal Place of Business
3201 Cardinal Drive

3. Mailing Address
3201 Cardinal Drive

Suite, Apt. #, etc.

City & State
Vero Beach, FL

City & State
Vero Beach, FL

Zip
32963

Country
Indian River

Zip
32963

Country
Indian River

4. FEI Number
58-1186704

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BECHT, EDWARD W
321 S 2ND STREET
FT. PIERCE, FL 34950**

7. Name and Address of New Registered Agent

Name
Kenneth A. Norman

Street Address (P.O. Box Number is Not Acceptable)
2400 SE Federal Highway

Fourth Floor

City
Stuart

FL Zip Code
34994

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]*

(NOTE: Registered Agent signature required when reinstating)

10/19/04

DATE

Amended AR is \$61.25

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 DUENSING, MARGARET P. 5689 BEND CREEK ROAD DUNWOODY, GA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUENSING, WALTER P. 5689 BEND CREEK ROAD DUNWOODY, GA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REVELS, SUSAN D 2925 MANOR RD CHARLOTTE, NC <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EASTIS, DEBORAH D 110 BURNETT WAY ALPHARETTA, GA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUENSING, ROBERT K 3510 LOCHMILL DR LOGANVILLE, GA 30052 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNN, LINDA D 20 SPIKED RUSH COURT SKILLMAN, NJ <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD David B. Chase 3201 Cardinal Drive Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD James R. Adams 3201 Cardinal Drive 126 43RD AVE. SW Vero Beach, FL 32968 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042558794 11/08/04--01046--019 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/04

DATE

Daytime Phone #