
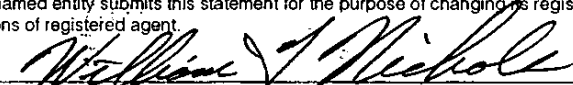


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

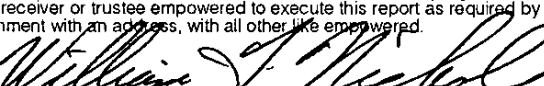
**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90328 025 \*\*\*158.75

<b>DOCUMENT # 428900</b>					
1. Entity Name CHASE ENTERPRISES, INC.					
Principal Place of Business 405 MAYFAIR DRIVE VENICE FL 34293 US			Mailing Address 405 MAYFAIR DRIVE VENICE FL 34293 US		
2. Principal Place of Business 129 143 <sup>RD</sup> AVE Suite, Apt. #, etc. APT. # 3 City & State Madeira Beach, FL Zip 33708 Country Pinellas			3. Mailing Address PO Box 8813 Suite, Apt. #, etc. City & State Madeira Beach, FL Zip 33738 Country Pinellas		
4. FEI Number 59-1471359			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CARL, RONGO 405 MAYFAIR DRIVE VENICE FL 34293			7. Name and Address of New Registered Agent Name William T. Nichols Street Address (P.O. Box Number is Not Acceptable) 129 143 <sup>RD</sup> AVE APT # 3 City Madeira Beach FL Zip Code 33708		
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 4-21-05		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME RONGO, CARL V		<input checked="" type="checkbox"/> Delete	TITLE P/T	NAME William T. Nichols
STREET ADDRESS 12117 WILLINGTON RD	CITY-ST-ZIP HUNTERVILLE NC 28078			STREET ADDRESS 129 143 <sup>RD</sup> AVE APT. #3	CITY-ST-ZIP Madeira Beach, FL 33708
TITLE ST	NAME RONGO, CYNDI		<input checked="" type="checkbox"/> Delete	TITLE S	NAME HEATHER J. Boone
STREET ADDRESS 405 MAYFAIR DR	CITY-ST-ZIP VENICE FL 34293			STREET ADDRESS 10427 G5TH AVE NORTH	CITY-ST-ZIP SEMINOLE, FL 33772
TITLE D	NAME NIGG, CATHERINE		<input checked="" type="checkbox"/> Delete	TITLE P	NAME CARL RONGO
STREET ADDRESS 216 MIDLAND DR	CITY-ST-ZIP GRANITEVILLE SC 29829			STREET ADDRESS 405 MAYFAIR DRIVE	CITY-ST-ZIP Venice, FL 34293
TITLE D	NAME ROBERSON, CARALYN		<input checked="" type="checkbox"/> Delete	To be added at a later date	
STREET ADDRESS 4043 CHEEK ROAD.	CITY-ST-ZIP DURHAM NC 27704			To be added at a later date	
TITLE D	NAME DAYTON, CARI		<input checked="" type="checkbox"/> Delete	To be added at a later date	
STREET ADDRESS 1313 SE 29TH ST	CITY-ST-ZIP CAPE CORAL FL 33904			To be added at a later date	
TITLE D	NAME RATLIFF, CANDY		<input checked="" type="checkbox"/> Delete	To be added at a later date	
STREET ADDRESS 5660 BUCKINGHAM RD	CITY-ST-ZIP FORT MYERS FL 33905				

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

4-21-05

Date

Daytime Phone #

(727) 644-2040