

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90013 017 \*\*\*150.00

**DOCUMENT # F04000001138**

1. Entity Name

CHASE VENTURES HOLDINGS, INC.



Principal Place of Business

343 THORNALL STREET  
EDISON NJ 08837

Mailing Address

343 THORNALL STREET  
EDISON NJ 08837

2. Principal Place of Business

194 Wood Ave, South

Suite, Apt. #, etc.

3. Mailing Address

194 Wood Ave, South

Suite, Apt. #, etc.

City & State

Iselin NJ

City & State

Iselin NJ 08830

Zip

08830

Country

Zip

Country

4. FEI Number

13-3989402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 P ☐ Delete  
NAME PANEPINTO, JAMES  
STREET ADDRESS 343 THORNALL STREET  
CITY-ST-ZIP EDISON NJ 08837

TITLE V ☐ Delete  
NAME DONOHUE, MARY  
STREET ADDRESS 343 THORNALL STREET  
CITY-ST-ZIP EDISON NJ 08837

TITLE S ☐ Delete  
NAME BERRY, JAMES  
STREET ADDRESS 270 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10017

TITLE T ☐ Delete  
NAME BARREN, JOHN  
STREET ADDRESS 3915 VISION DRIVE  
CITY-ST-ZIP COLUMBUS OH 43219

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition  
NAME Susan Barber  
STREET ADDRESS 194 wood Avenue, South  
CITY-ST-ZIP ISELIN, NJ 08830

TITLE Via President ☒ Change ☐ Addition  
NAME Desmond Smith  
STREET ADDRESS 194 Wood Avenue South  
CITY-ST-ZIP Iselin NJ 08830

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 #