



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000000836		
1. Entity Name CHASE CONTRACTORS, INC.		
Principal Place of Business 183 CONNELLY RD PEARCY, AR 71964	Mailing Address 183 CONNELLY RD PEARCY, AR 71964	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BURGE, FRANK 125 MAIN ST DESTIN, FL 32541		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 reinstating) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHASE, ODELL 183 CONNELLY RD PEARCY, AR 71964	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CHASE, KATHRYN 183 CONNELLY RD PEARCY, AR 71964	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		3-14-07 501-674-3878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



03112007 No Chg-P CR2E034 (11/05)

4. FEI Number 71-0488497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

100000670585
03/27/07-80117-022 150.00

**DO NOT WRITE
IN THIS SPACE**