

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90010 027 ***150.00

DOCUMENT # H47327

1. Entity Name
CHASE HILL REALTY, INC.



Principal Place of Business
**505A HOOPER DRIVE
FORT WALTON BEACH, FL 32548-4056**

Mailing Address
**505 A. HOOPER DRIVE
FORT WALTON BEACH, FL 32548-4056 US**

04041366

2. Principal Place of Business
1339B Greenacres Blvd.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 490
Suite, Apt. #, etc.



03112004 Chg-P CR2E034 (10/03)

City & State
Ft. Walton Beach, FL

City & State
Ft. Walton Beach, FL

4. FEI Number
59-2583430

Applied For
Not Applicable

Zip Country
32547 USA

Zip Country
32549 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARNATHAN, CLAY M.
505 A HOOPER DR.
FORT WALTON BEACH, FL 32548**

Name
Clay M. Carnathan
Street Address (P.O. Box Number is Not Acceptable)
149 Linstew Drive

City Zip Code
Fort Walton Beach FL 32548

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

Clay M. Carnathan 3/19/2004

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME **CARNATHAN, CLAY M.**
STREET ADDRESS **149 LINSTEW**
CITY-ST-ZIP **FT. WALTON BEACH, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Clay M. Carnathan 3/19/04 850-423-0401

Date

Daytime Phone #