2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L53087

1. Entity Name

SUMMIT CHASE FINANCIAL CORPORATION



FILED Feb 26, 2004 08:00 AM Secretary of State

Principal Place of Business

1801 S. FEDERAL HWY

SUITE 223

DELRAY BEACH, FL 33483 US

Mailing Address

1801 S. FEDERAL HWY

SUITE 223

DELRAY BEACH, FL 33483 US

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0177842

02232004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

KATYNSKI, GARY PHILIP 100 N.E. 4TH AVENUE BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

			***	THIO OF AOL
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 trille if applicable (INOTE Registered Agent signature required when reinstalling) DATE				
FILE NOWIN FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Se Trust Fund Contribution. Added to Fees		U00000057790
10.	OFFICERS AND DIREC	TORS		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS KATYNSKI, GARY PHILIP 100 NE 4TH AVENUE BOCA RATON, FL 33432	_		
TATLE NAME STREET ADDRESS CITY-ST-ZIP				
TATLE NAME STREET AODRESS CHY-ST-ZIP			DC	NOT WRITE
DILE NAME STREET ADDRESS CHY-ST-ZIP			IN	THIS SPACE
THEE NAME STREET ADDRESS CHY-SI-ZIP				
THEE 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)(f). 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: Jan 1994				

NG OFFICER OR DIRECTOR