


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91280 026 \*\*\*150.00

<b>DOCUMENT # L79582</b>					
1. Entity Name <b>THE CHASE GROUP INC.</b>					
Principal Place of Business <b>824 EEL AVE NEW SMYRNA BEACH FL 32169 US</b>			Mailing Address <b>8824 EEL AVE NEW SMYRNA BEACH FL 32169 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3015495</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BREINER, CHARLES F. 824 EEL AVE NEW SMYRNA BCH FL 32169</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>C F Breiner</i>		Signature, typed or printed name of registered agent and title if applicable.		Charles F. Breiner 4/23/04 (NOTE: Registered Agent signature required when reinstating) DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004* Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BREINER, CHARLES F.	NAME			
STREET ADDRESS	824 EEL AVENUE	STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAUFIELD, ANNA B.	NAME			
STREET ADDRESS	631 WOODBRIDGE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32940	CITY-ST-ZIP			
TITLE	VAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BREINER, NANCY W.	NAME			
STREET ADDRESS	824 EEL AVENUE	STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, MARY L.	NAME			
STREET ADDRESS	913 MAPLEWOOD AVENUE - 400 W. Summerow Ln - TALLAHASSEE FL 32303 - Orlando, FL 32839 - 2956	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>C F Breiner</i>		Signature and typed or printed name of signing officer or director		4/23/04 386-423-8393 Date Daytime Phone #	

**54042775**



MOORE CR2E034 (11/03)