

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L79582

1. Entity Name
THE CHASE GROUP INC.



Principal Place of Business
**3401 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 US**

Mailing Address
**3401 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 US**



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FLE Number
59-3015495

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAULFIELD, ANNA
182 HIBISCUS ROAD
EDGEWATER, FL 32141**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

**1000000543158
05/10/06-80127-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
CAULFIELD, ANNA B
182 HIBISCUS ROAD
EDGEWATER, FL 32141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
BREINER, NANCY W.
192 HIBISCUS ROAD
EDGEWATER, FL 32141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WALKER, MARY L.
400 W. SUMMERON LANE
ORLANDO, FL 328392956**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:

Anna Caulfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

Date

386 423 8787

Daytime Phone #