2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000075473

1. Entity Name

CHASE MORTGAGE OF NORTHWEST FLORIDA, INC.



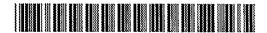
FILED Mar 17, 2004 08:00 AM Secretary of State

Principal Place of Business

1510 AIRPORT BLVD, STE 2 PENSACOLA, FL 32504 Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1510 AIRPORT BLVD, STE 2 PENSACOLA, FL 32504



03142004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3662984

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

WEST, DONALD T 1510 AIRPORT BLVD, STE 2 PENSACOLA, FL 32504

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

		III THIS STACE			
8. The above the obligat	named entity submits this statement for the plions of registered agent.	turpose of changing its registere		oth, in the State of Florida. I an	n familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered	Agent signature required when reinstating:	DATE	-
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.88 May Be Trust Fund Contribution, Added to Fees		U00000091122 03/17/04-80047-004 150.00	
10.	OFFICERS AND DIREC	CTORS	and a file and between the the entire the second to	State of the same	
RILE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKMON, WILLIAM B JR 6341 IRONGATE CT PENSACOLA, FL 32504	÷: -	•	A CONTRACTOR OF THE CONTRACTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, DONALD T 1510 AIRPORT BLVD, STE 2 PENSACOLA, FL 32504			and the second of the second o	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRIT	, , ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN :	THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				A Company of the Comp	in the second of
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corrections of the	certify that the information supplied with this fit on this report or supplemental report is true a portain or the receiver or trustee empowered, or on an attachment with an address, with all	iling does not qualify for the exen and accurate and that my signate d to execute this report as required to the like empowered.	nption stated in Section 119.07(3) ure shall have the same legal effe ed by Chapter 607, Florida Statut	(i), Florida Statutes, I further of ct as if made under oath, that es; and that my name appears	ertify that the information am an officer or director in Block 10 or Block 11 if