

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000085950

1. Entity Name

SCOTT CHASE MASONRY, INC.



Principal Place of Business

10-164TH AVE  
#3  
REDINGTON BEACH, FL 33708

Mailing Address

10-164TH AVE  
#3  
REDINGTON BEACH, FL 33708



02222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3679911

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHASE, SCOTT  
10-164TH AVE  
#3  
REDINGTON BEACH, FL 33708

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing the obligations of registered agent.

registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE

*Scott L. Chase*

Signature typed or printed name of registered agent and file if applicable

Registered Agent signature required when reinstating

2-23-06

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign  
Trust Fund Contribution

Financing  
Contribution

☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	0
NAME	CHASE, SCOTT
STREET ADDRESS	10-164TH AVE #3
CITY-ST-ZIP	REDINGTON BEACH, FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000007449827  
03/09/06-80068-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for any of 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, 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

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, 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:

*SCOTT L. CHASE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

DIRECTOR

2-22-06

DATE

727-387-9694

Daytime Phone