



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000104585 1. Entity Name CAMERON CHASE, INC.	
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Principal Place of Business 2811 E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301 US	Mailing Address 2811 E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301 US
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DO NOT WRITE IN THIS SPACE

FILED
08 APR -4 AM 11:00
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3695715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WIENER, BRUCE I
GARDNER, SHELFER, DUGGAR, BIST & WIENER PA
1300 THOMASWOOD DR
TALLAHASSEE, FL 32312**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NELSON, TERRY C 1437 VIEUX CARRE DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAZVINI, MEHRAN 2811 E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASBURY, THOMAS 3424 DORCHESTER CT TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAZVINI, HOSSEIN 2811 E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAZVINI, BEHZAD 2811 E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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600122276116
04/04/08 01034-017 **150.00

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 like empowered.

SIGNATURE: _____ **4/2/08** **850-205-5231**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #