

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000104585

1. Entity Name  
CAMERON CHASE, INC.



Principal Place of Business  
2811 E INDUSTRIAL PLAZA DR  
TALLAHASSEE, FL 32301 US

Mailing Address  
2811 E INDUSTRIAL PLAZA DR  
TALLAHASSEE, FL 32301 US

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 Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
WIENER, BRUCE I  
GARDNER, SHELTER, DUGGAR, BIST & WIENER PA  
1300 THOMASWOOD DR  
TALLAHASSEE, FL 32312

**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 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

500122275116  
04/04/08 0105407 \$150.00

**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 like empowered.

4/2/08 205  
850-400-5231

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #