

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90010 004 \*\*\*159.00

DOCUMENT # P01000001357

1. Entity Name

CHAS ENTERPRISES, INC.



Principal Place of Business

1495 SEMINOLA BLVD STE 8  
CASSELBERRY FL 32707

Mailing Address

1495 SEMINOLA BLVD STE 8  
CASSELBERRY FL 32707

54019399

2. Principal Place of Business

1495 SEMINOLA BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 8 1035

City & State

CASSELBERRY

City & State

CASSELBERRY

Zip

32707

Country

SEMINOLE

Zip

32707

Country

SEMINOLE

4. FEI Number

59-3706500

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, CHARLES H  
1495 SEMINOLA BLVD STE 8  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

CHARLES H ADAMS

Street Address (P.O. Box Number is Not Acceptable)

1495 SEMINOLA BLVD STE 8

City

CASSELBERRY

FL

Zip Code

32707

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

CHARLES H ADAMS

Charles H. Adams

3/16/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ADAMS, CHARLES H  
STREET ADDRESS 1495 SEMINOLA BLVD., #8  
CITY-ST-ZIP CASSELBERRY FL 32707

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charles H. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04

Date

4073336587

Daytime Phone #