


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90725 020 ***150.00

DOCUMENT # P02000063685 1. Entity Name AUGUST CHASE ENTERPRISES INC.			
Principal Place of Business 6077 BAHIA DEL MAR 217 ST. PETERSBURG FL 33715		Mailing Address 6077 BAHIA DEL MAR 217 ST. PETERSBURG FL 33715	
2. Principal Place of Business 6077 BAHIA DEL MAR BLVD Suite, Apt. #, etc. # 217		3. Mailing Address 6077 BAHIA DEL MAR BLVD Suite, Apt. #, etc. # 217	
City & State ST. PETERSBURG, FL Zip 33715 Country USA		City & State ST. PETERSBURG, FL Zip 33715 Country USA	
4. FEI Number 42-1543413		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 SHUBIN, MARK T 6077 BAHIA DEL MAR 217 ST. PETERSBURG FL 33715		7. Name and Address of New Registered Agent Name SHUBIN, KAREN O. Street Address (P.O. Box Number is Not Acceptable) 6077 BAHIA DEL MAR BLVD #217 City ST. PETERSBURG FL Zip Code 33715	
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 <u>Karen O. Shubin</u> DATE <u>3-8-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHUBIN, MARK T 6077 BAHIA DEL MAR #217 ST. PETERSBURG FL 33715	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: Karen O. Shubin **KAREN O. SHUBIN** 3-8-04 727-866-1349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #