
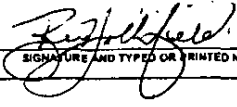


**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90084 027 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000017869</b> 1. Entity Name CHASE INDUSTRY INC.			
Principal Place of Business 4813 - 26TH AVE. E. BRADENTON, FL 34208		Mailing Address P.O. BOX 1059 BRADENTON, FL 34208	
<b>DO NOT WRITE IN THIS SPACE</b>			
01152008 No Chg-P CR2E034 (11/05)			
4. FEI Number 75-3099494		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HOLLIFIELD, BRIAN P 4813 - 26TH AVE. E. BRADENTON, FL 34208		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when contesting)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PRES HOLLIFIELD, ROBERT L PRES P.O. BOX 1059 BRADENTON, FL 34208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP HOLLIFIELD, SUSAN M VP P.O. BOX 1059 BRADENTON, FL 34208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SEC HOLLIFIELD, BRIAN P SEC 4813 26TH AVENUE EAST BRADENTON, FL 34208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		2/28/08 941-7568000 Date Daytime Phone	