

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90305 017 \*\*\*150.00

DOCUMENT # P03000027041

1. Entity Name

CHASE FORWARDING, INC.



Principal Place of Business

PO BOX 586  
GONZALEZ FL 32560

Mailing Address

PO BOX 586  
GONZALEZ FL 32560

14012717



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1019 North ST<sup>th</sup> AVE

3. Mailing Address

1019 North ST<sup>th</sup> AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

37-1455276

Applied For

Not Applicable

Zip  
32506-4659

Country  
USA

Zip  
32506-4659

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINLEY, MARK  
1755 CONDOR DRIVE  
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name

QUINLEY, MARK

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

1019 North ST<sup>th</sup> AVE

City Pensacola

FL

Zip Code 32506

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

x MARK QUINLEY

x Mark Quinley

x 4-26-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 DP  
NAME QUINLEY, D.E.  
STREET ADDRESS 1755 CONDOR DR.  
CITY-ST-ZIP CANTONMENT FL 32533 ☐ Delete

TITLE DV  
NAME QUINLEY, MARK  
STREET ADDRESS 1755 CONDOR DR.  
CITY-ST-ZIP CANTONMENT FL 32533 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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:

x DERRICK L. QUINLEY  
DERRICK L. QUINLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/26/04

Date

850-456-1079

Daytime Phone #