

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000075440

1. Entity Name  
CHASE BUILDERS, INC.



Principal Place of Business  
7318 ALABAMA AVE  
PORT ST JOE, FL 32456

Mailing Address  
7318 ALABAMA AVE  
PORT ST JOE, FL 32456



**DO NOT WRITE IN THIS SPACE**

01272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
14-1887462

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROYAL, CAROLYN  
7318 ALABAMA AVE  
PORT ST JOE, FL 32456

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000272563  
03/22/05-80011-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
ROYAL, ALAN W  
7318 ALABAMA AVE  
PORT ST JOE, FL 32456

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DV  
SANDERS ROYAL, CAROLYN  
7318 ALABAMA AVE  
PORT ST JOE, FL 32456

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carolyn Royal - Carolyn Royal 3-21-05 (850) 647-3497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #