


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90016 029 ***150.00


DOCUMENT # P05000078835		
1. Entity Name MICHAEL CHASE & ASSOCIATES, P.A.		

Principal Place of Business 24600 SANDHILL BLVD. PUNTA GORDA, FL 33983 US	Mailing Address 24600 SANDHILL BLVD. PUNTA GORDA, FL 33983 US
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50001972

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 16528 N. Dale Mabry Hwy Suite, Apt. #, etc.
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City & State Tampa, Florida	City & State Tampa, Florida
Zip 33618	Country USA

	
01162006 Chg-P	CR2E034 (11/05)
4. FEI Number 20-2934451	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 SANDERS, WALTER S 16528 NORTH DALE MABRY HWY TAMPA, FL 33618	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Walter Sanders <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 2/15/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
P JEMISON, MICHAEL 26266 BARCELOS COURT PUNTA GORDA, FL 33983	
ST JEMISON, MICHELLE 26266 BARCELOS COURT PUNTA GORDA, FL 33983	
VP CONRAD, THOMAS M 1100 ARCHER STREET PORT CHARLOTTE, FL 33952	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Michelle Jemison <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 2/15/06 941-764-8888 <small>Date Daytime Phone #</small>