

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000124449

Entity Name: CHASE WORKS, INC.

FILED
Aug 06, 2007
Secretary of State

Current Principal Place of Business:

1763 NORTH DR
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1763 NORTH DR
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 20-5669888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACK, MICHAEL M
1819 MAIN STREET SUITE 1100
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: COUTANT, PAMELA C
Address: 905 LAKEVIEW DR
City-St-Zip: WINTER PARK, FL 32789

Title: DVS () Delete
Name: SCARLETT, ELIZABETH C
Address: 1763 NORTH DR
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH C. SCARLETT

DVS

08/06/2007

Electronic Signature of Signing Officer or Director

_____ Date