

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000027361

FILED
Apr 30, 2009
Secretary of State

Entity Name: CHASE BUSINESS SERVICES INC.

Current Principal Place of Business:

8681 WEST IRLO BRONSON MEMORIAL HIGHWAY
UNIT 124, VISTA DEL LARGO
KISSIMMEE, FL 34747 US

New Principal Place of Business:

Current Mailing Address:

8681 WEST IRLO BRONSON MEMORIAL HIGHWAY
UNIT 124, VISTA DEL LARGO
KISSIMMEE, FL 34747 US

New Mailing Address:

FEI Number: 26-2203678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARMEL, MARK
3174 HAMBLIN WAY
WELLINGTON, FL 33414 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ECCLESTON, KEVIN
Address: 1 OAKRIDGE LANE SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: HARDING, ALAN
Address: 1150 LAKE OTIS DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

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: KEVIN ECCLESTON

MR

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date