04/27/2004 12:26 561-585-7223 ACCOUNTANT

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May 04, 2004 8:00 am
Secretary of State
05-04-2004 90187 041 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000097627

1. Entity Name
CHASE AND WEBBER, INC.

Principal Place of Business	Mailing Address
~~2836 FOREST HILL BLVD WEST PALM BEACH, FL 33406 US~~	3676 COLLIN DRIVE SUITE 1 WEST PALM BEACH, FL 33406 US

2. Principal Place of Business	3. Mailing Address
3676 Collin Drive	
(Suite) Apt. #, etc. 1	Suite, Apt. #, etc.
City & State: West Palm Beach	City & State
Zip: 33406 Country: Palm Beach	Zip / Country

04242004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0630112 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHASE, BRYAN
3676 COLLIN DRIVE
SUITE #1
WEST PALM BEACH, FL 33406

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 ________ 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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHASE, BRYAN 917 BARNNETT DRIVE LAKE WORTH, FL 33461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: BRYAN D. CHASE 04-26-04 (561) 642-9577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #