


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000060176					
1. Entity Name CHAZ!, INC.					
Principal Place of Business 2975 OVERSEAS HWY MARATHON, FL 33050			Mailing Address 2975 OVERSEAS HWY MARATHON, FL 33050		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0686095	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, ROBERT K 2975 OVERSEAS HWY MARATHON, FL 33050			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		000000116707 04/16/04-80076-005 150.00
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, CHARLES B		NAME		
STREET ADDRESS	P O BOX 817		STREET ADDRESS		
CITY - ST - ZIP	KEY COLONY BEACH, FL 33081		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAGBY, LYNN B		NAME		
STREET ADDRESS	P O BOX 522756		STREET ADDRESS		
CITY - ST - ZIP	MARATHON SHORES, FL 330522756		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, BURT J		NAME		
STREET ADDRESS	10684 7TH AVE GULF		STREET ADDRESS		
CITY - ST - ZIP	MARATHON, FL 33050		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Charles B. Williams</u>		Date: <u>4-13-04</u>		Daytime Phone #: <u>305-743-0130</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					