

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000022791

1. Entity Name
CHASE STREET PARTNERS, INC.



Principal Place of Business
24 WEST CHASE STREET
PENSACOLA, FL 32502

Mailing Address
24 WEST CHASE STREET
PENSACOLA, FL 32502

DO NOT WRITE IN THIS SPACE



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3508677

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOZIER, DANIEL R
24 WEST CHASE STREET
PENSACOLA, FL 32502

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOZIER, DANIEL R
STREET ADDRESS 24 WEST CHASE STREET
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE D
NAME THAMES, WILLIAM K II
STREET ADDRESS 24 WEST CHASE STREET
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE D
NAME FRAZIER, PAMELA K
STREET ADDRESS 24 WEST CHASE STREET
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE
NAME
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CITY-ST-ZIP

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00000459742
03/18/06-80046-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: W. K. Thames
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06 850/469-0202
Date Daytime Phone #