


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90256 026 ***150.00

DOCUMENT # P98000058106				
1. Entity Name CHASE & ASSOCIATES, INC.				
Principal Place of Business 707 N. FRANKLIN STREET SUITE 600 TAMPA, FL 33602		Mailing Address 13911 W. HILLSBOROUGH AVE. SUITE 310 TAMPA, FL 33635		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3521281
				Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
MAZUR, ROBERT 13911 W. HILLSBOROUGH AVE. SUITE 310 TAMPA, FL 33635			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAZUR, ROBERT	NAME	Dunn, Daniel W.	
STREET ADDRESS	13911 W. HILLSBOROUGH AVE., SUITE 310	STREET ADDRESS	13911 W. Hillsborough Ave, Suite 310	
CITY-ST-ZIP	TAMPA, FL 33635	CITY-ST-ZIP	Tampa, FL 33635	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ULMER, ROBERT D	NAME		
STREET ADDRESS	13911 W. HILLSBOROUGH AVE., SUITE 310	STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635	CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEGWALD, DAVID E	NAME		
STREET ADDRESS	13911 W. HILLSBOROUGH AVE., SUITE 310	STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635	CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, DONALD J	NAME		
STREET ADDRESS	13911 W. HILLSBOROUGH AVE., SUITE 310	STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635	CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAXTER, JAMES R	NAME		
STREET ADDRESS	13911 W. HILLSBOROUGH AVE., SUITE 310	STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635	CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALSH, KENNETH J	NAME		
STREET ADDRESS	13911 W. HILLSBOROUGH AVE., SUITE 310	STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635	CITY-ST-ZIP		
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 reports 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 or other like empowered.				
SIGNATURE: _____		4-19-07 (727) 785-1273		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	