




2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000058106 1. Entity Name CHASE & ASSOCIATES, INC.						FILED 08 SEP 22 PM 3: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA								
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 # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				09192008 Chg-P CR2E034 (12/06)						
City & State				City & State				4. FEI Number 59-3521281		Applied For Not Applicable				
Zip		Country		Zip		Country		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 _____														
Amended AR is \$61.25				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 NAME STREET ADDRESS CITY-ST-ZIP	V DUNN, DANIEL 13911 W. HILLSBOROUGH AVE. SUITE 310 TAMPA, FL 33635	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Siegwald, David E. 13911 W. Hillsborough Ave. Suite 310 Tampa, FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Diaz, Valerie 13911 W. Hillsborough Ave. Suite 310 Tampa, FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Schmidt, Donald J. 13911 W. Hillsborough Ave., Suite 310 TAMPA, FL 33635	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Callan, Stephen R. 13911 W. Hillsborough Ave. Suite 310 Tampa, FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAXTER, JAMES R 13911 W. HILLSBOROUGH AVE., SUITE 310 TAMPA, FL 33635	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800136254648 09/23/08--01031--002 **61.25		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALSH, KENNETH J 13911 W. HILLSBOROUGH AVE., SUITE 310 TAMPA, FL 33635	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS Mazur, Robert 13911 W. Hillsborough Ave. Suite 310 Tampa, FL 33635	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	12. I hereby certify that the information submitted 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: 			Robert Mazur			9-19-08 (727) 785-1273		_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						

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