

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 05, 2004 08:00 AM
Secretary of State**

DOCUMENT # P99000094051

1. Entity Name
CHASE FINANCIAL SERVICES, INC.



Principal Place of Business
**12335 76TH ROAD NO.
WEST PALM BEACH, FL 33412**

Mailing Address
**12335 76TH ROAD NO.
WEST PALM BEACH, FL 33412**



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2747382

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHASE, JEAN A
12335 76TH ROAD NORTH
WEST PALM BEACH, FL 33412**

**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 name is changing)

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TD
KNOX, MARJORIE M
504 RYDER CUP CIRCLE
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PDS
CHASE, JEAN A
12335 76TH ROAD NORTH
WEST PALM BEACH, FL 33412**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000035233
02/05/04-80106-014 300.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04 561 791-8085
Date Daytime Phone #