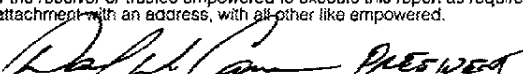


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 428759 1. Entity Name CHEMICAL DYNAMICS INC		
Principal Place of Business 4206 BUSINESS LN PLANT CITY, FL 33566		Mailing Address P.O. BOX 486 PLANT CITY, FL 33564 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CARSON, DAVID W 4206 BUSINESS LANE PLANT CITY, FL 33566		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 re-registering) 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	STD CARSON, BETTY C 2901 N FRITZKE RD DOVER, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CARSON, WEBSTER B 2901 N FRITZKE RD DOVER, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARSON, DAVID W 2617 BRIDLE DR PLANT CITY, FL 00000,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, ROBERT 2815 HAMMOCK DR PLANT CITY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		813-752-4950 Daytime Phone #



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1518851

Applied For
Not Applicable

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

U00000008912
01/20/04-80085-004 150.00

**DO NOT WRITE
IN THIS SPACE**