


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000005952					
1. Entity Name SHRIEVE CHEMICAL COMPANY					
Principal Place of Business 1755 WOODSTEAD CT. THE WOODLANDS TX 77380			Mailing Address 1755 WOODSTEAD CT. THE WOODLANDS TX 77380		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 74-1994881 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent THREADGILL, TED 65 HARBOUR COURT WINTER HAVEN FL 33884				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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		<i>Tracy Shrieve</i> Tracy Shrieve V.P. Administration		DATE 4-6-06	
		<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when consolidating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May: Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	COO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	SHRIEVE, JIM	NAME			
STREET ADDRESS	1755 WOODSTEAD CT.	STREET ADDRESS			
CITY-ST-ZIP	THE WOODLANDS TX 77380	CITY-ST-ZIP	U000000507353 04/27/06-80061-007 150.00		
TITLE	DO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	SCHUSTER, LONNIE	NAME			
STREET ADDRESS	1755 WOODSTEAD CT.	STREET ADDRESS			
CITY-ST-ZIP	THE WOODLANDS TX 77380	CITY-ST-ZIP			
TITLE	DO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	SHRIEVE, TRACY	NAME			
STREET ADDRESS	1755 WOODSTEAD CT.	STREET ADDRESS			
CITY-ST-ZIP	THE WOODLANDS TX 77380	CITY-ST-ZIP			
TITLE	DO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	WEAVERING, JACK	NAME			
STREET ADDRESS	1755 WOODSTEAD CT.	STREET ADDRESS			
CITY-ST-ZIP	THE WOODLANDS TX 77380	CITY-ST-ZIP			
TITLE	DO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	SHRIEVE, BRAD	NAME			
STREET ADDRESS	1755 WOODSTEAD CT.	STREET ADDRESS			
CITY-ST-ZIP	THE WOODLANDS TX 77380	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Tracy Shrieve* Tracy Shrieve **4-6-06** **281367-422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #