## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 07, 2008 08:00 All Secretary of State DOCUMENT # K44541 WRIGHTLINE CHEMICAL CORP. Principal Place of Business Mailing Address 148 POLK DRIVE NORTH 148 POLK DRIVE NORTH SARASOTA, FL 34236 US SARASOTA, FL 34236 US 04032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0082234 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WRIGHT, GRAHAM W DO NOT WRITE 148 POLK DR N SARASOTA, FL 34236 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 reinstating) UUUUU00885196 9. Election Campaign Financing \$5.00 May Be 04/18/08-80004-008 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME WRIGHT, GRAHAM W 148 POLK DR N STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WR CITY ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE -

12. I hereby certify that the information supplied with this filling 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.

Graham W. Waght SIGNATURE:

NAME STREET ADDRESS

941-748-6090

**FILED**