

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90006 019 ***150.00

DOCUMENT # P05000136884

1. Entity Name
NORTH EAST FLORIDA CHEMICAL CORP.



Principal Place of Business
**10330 CHDOAK COURT UNIT 205
BUSCH DRIVE SERVICES CENTER
JACKSONVILLE, FL 32218**

Mailing Address
**10330 CHDOAK COURT UNIT 205
BUSCH DRIVE SERVICES CENTER
JACKSONVILLE, FL 32218**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03082006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3656797
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BLASKO, JOSEPH JR
10330 CHDOAK COURT UNIT 205
BUSCH DRIVE SERVICES CENTER
JACKSONVILLE, FL 32218**

7. Name and Address of New Registered Agent
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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|------------------------------------|---------------------------------|---|------------|---|
| TITLE | D | <input type="checkbox"/> Delete | TITLE | DPS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLASKO, JOSEPH JR | | NAME | | |
| STREET ADDRESS | 10330 CHDOAK COURT UNIT 205 | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32218 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | DVT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLASKO, JANET R | | NAME | | |
| STREET ADDRESS | 10330 CHDOAK COURT UNIT 205 | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32218 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: Joseph Blasko, Jr. **Joseph Blasko, Jr. 3-15-2006 (904) 8141246**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #