2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29181

FILED Apr 26, 2005 Secretary of State

Entity Name: CHEM NUT, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
800 BUSINESS PARK DRIVE LEESBURG, GA 31763					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
PO BOX 3706 ALBANY, GA 31706					
FEI Number:	58-1205186	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LIVENGOOD, LARRY L 6902 HAYTER DRIVE LAKELAND, FL 33813 US The above named entity submits this statement for the purpose of changing its registered office or registered a				US	
in the State	of Florida.	submits this statement for the pt	irpose of changing its registered	onice or registered agent, or both,	
SIGNATURE: JOSEPH C POPPELL, JR				04/26/2005	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () CORBETT, HOV PO BOX 3706 ALBANY, GA 3		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () FOWLER, GRE PO BOX 3706 ALBANY, GA 3		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () SMITH, FONNIE PO BOX 3706 ALBANY, GA 3		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () HEALD, FRED 710 BROWARD IMMOKALEE, F		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () THOMAS, KEITI PO BOX 3706 ALBANY, GA 3		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title:	DIR ()	Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KEITH THOMAS **CFO** 04/26/2005

DOLLAR, TOMMY

BAINBRIDGE, GA 31717

PO BOX 68

Name:

Address:

City-St-Zip: