

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000047302  
 1. Entity Name  
 CENTRAL FLORIDA CHEMICAL, INC.



Principal Place of Business: 9610 B NORWOOD DRIVE, TAMPA, FL 33624  
 Mailing Address: 9610 B NORWOOD DRIVE, TAMPA, FL 33624

**DO NOT WRITE IN THIS SPACE**



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-3331080 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LOOS, WILLIAM R  
 6506 N. PACKWOOD AVE.  
 TAMPA, FL 33604

**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: William R. Loos DATE: 2/26/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000000849122  
 03/11/08-80058-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	LOOS, WILLIAM
STREET ADDRESS	6505 N. PACKWOOD AVE.
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	DVS
NAME	LOOS, KAREN
STREET ADDRESS	6506 N. PACKWOOD AVE.
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: William R. Loos WILLIAM R. LOOS owner 2/26/08 (813) 961-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DPT Date Daytime Phone #