


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90015 038 ***150.00

DOCUMENT # P96000015302

1. Entity Name
CHEM-PLUS SERVICE SYSTEMS, INC.



Principal Place of Business Mailing Address
3935 ST JOHNS PKWY **3935 ST JOHNS PKWY**
SANFORD FL 32771 **SANFORD FL 32771**
US **US**

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 Applied For
59-3357596 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
~~DONNELLY, THOMAS~~
~~688 STONEFIELD LOOP~~
~~HEATHROW FL 32746~~

1753 REDWOOD GROVE TER.
LAKE MARY FL 32746

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 _____ DATE _____
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DONNELLY, THOMAS	
STREET ADDRESS	688 STONEFIELD LOOP <i>1753 REDWOOD GROVE TER.</i>	
CITY-ST-ZIP	HEATHROW FL 32746 <i>LAKE MARY FL 32746</i>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DONNELLY, CATHERINE	
STREET ADDRESS	688 STONEFIELD LOOP <i>1753 REDWOOD GROVE TER.</i>	
CITY-ST-ZIP	HEATHROW FL 32746 <i>LAKE MARY FL 32746</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Catherine Donnelly* 3/19/04 407-444-3839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #