


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED.**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

|   |                                    |   |  |   |  |
|---|------------------------------------|---|--|---|--|
| DOCUMENT # P96000015302   |                                    |   |  |  |  |
| 1. Entity Name<br>CHEM-PLUS SERVICE SYSTEMS, INC.   |                                    |   |  |   |  |
| Principal Place of Business<br>3935 ST JOHNS PKWY<br>SANFORD FL 32771<br>US   |                                    | Mailing Address<br>3935 ST JOHNS PKWY<br>SANFORD FL 32771<br>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<br><b>59-3357596</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                    |   |  | <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required         |  |
| 6. Name and Address of Current Registered Agent   |                                    |   | 7. Name and Address of New Registered Agent  |   |  |
| DONNELLY, THOMAS<br>1753 REDWOOD GROVE TERRACE<br>HEATHROW FL 32746   |                                    |   | Name   |   |  |
|   |                                    |   | Street Address (P O. Box Number is Not Acceptable)   |   |  |
|   |                                    |   | City   | <b>FL</b>   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>   |                                    |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                                    |   | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |
| 10. OFFICERS AND DIRECTORS  |                                    |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE   | P <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| NAME  | DONNELLY, THOMAS                   | NAME  | U00000271681<br>03/21/05-80058-007 150.00  |   |  |
| STREET ADDRESS  | 1753 REDWOOD GROVE TERRACE         | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP   | HEATHROW FL 32746                  | CITY-ST-ZIP   |  |   |  |
| TITLE   | ST <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| NAME  | DONNELLY, CATHERINE                | NAME  |  |   |  |
| STREET ADDRESS  | 1753 REDWOOD GROVE TERRACE         | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP   | HEATHROW FL 32746                  | 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 exemption stated in Section 119.07(3)(f), 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      3/18/05      407-302-7262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #