

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90052 005 ***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 - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. 1753 REDWOOD GROVE TERR.
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State
 LAKE MARY, FL
 Zip Country Zip Country
 32746 SEMINOLE

4. FEI Number 59-3357596 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 DONNELLY, THOMAS
 1753 REDWOOD GROVE TERRACE
 HEATHROW 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's signature required when transferring)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	1753 REDWOOD GROVE TERRACE	
CITY - ST - ZIP	HEATHROW FL 32746	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DONNELLY, CATHERINE	
STREET ADDRESS	1753 REDWOOD GROVE TERRACE	
CITY - ST - ZIP	HEATHROW FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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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 exemptions contained in Section 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: Catherine Donnelly CATHERINE DONNELLY 1/28/08 407-5099248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #