

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 177127 1. Entity Name TRAYLOR CHEMICAL & SUPPLY CO					
Principal Place of Business 1911 TRAYLOR BLVD ORLANDO, FL 32804			Mailing Address POST OFFICE BOX 547937 ORLANDO, FL 32854-7937		
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 59-0722592	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRAYLOR, WILLIAM L JR. 150 CHELTON CIR WINTER PARK, FL 32789			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CDP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRAYLOR, WILLIAM L JR.		NAME	400082444084	
STREET ADDRESS	150 CHELTON CIRCLE		STREET ADDRESS	12/11/06--01056--018 **70.00	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	SECRETARY / TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	CONS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAER, KENNETH A		NAME	TRANSPORTATION MANAGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	300 SNOWSHOE COURT		STREET ADDRESS	JAMES (CHIP) BRACKETT	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	10747 MASTERS DRIVE	
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALE, FRANCES I		NAME	CLERMONT, FL 34711	
STREET ADDRESS	16004 E SUNFLOWER TRAIL		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>Yonatan Boer</i> SECRETARY/TREASURER			Date: 12/7/06 Daytime Phone #: (407) 422-6151		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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