2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# 216583

Entity Name: CHEMICAL SALES CORPORATION

Current Principal Place of Business:

1132 OKEECHOBEE RD
W PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1132 OKEECHOBEE RD
W PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-0858848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEAN, MARION
1132 OKEECHOBEE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEAN, MARION,
Address: 137 SARATOGA BLVD EAST
City-St-Zip: ROYAL PALM BCH, FL

Title: TD ( ) Delete
Name: LEAN, SHARON,
Address: 1233 MORNING DOVE CT
City-St-Zip: JACKSONVILLE, FL

Title: SD ( ) Delete
Name: SILVAGI, DENISE
Address: 1027 HARMON Y WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete
Name: CRAIG, DARYL
Address: 1355 FAIRGREEN RD
City-St-Zip: W PALM BCH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARION S. LEAN MS 04/20/2004

Electronic Signature of Signing Officer or Director Date