## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 216583**

CRAIG, DARYL

1355 FAIRGREEN RD

W PALM BCH, FL 33417

Name: Address:

City-St-Zip:

Entity Name: CHEMICAL SALES CORPORATION

FILED Apr 03, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1132 OKEECHOBEE RD W PALM BEACH, FL 33401 **Current Mailing Address: New Mailing Address:** 1132 OKEECHOBEE RD W PALM BEACH, FL 33401 FEI Number: 59-0858848 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEAN, MARION LEAN, MARION 1132 OKEECHOBEE ROAD 1132 OKEECHOBEE WEST PALM BEACH, FL 33401 US US WEST PALM BEACH, FL 33401 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: 04/03/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition LEAN, MARION, Name: Name: 137 SARATOGA BLVD EAST Address: Address: City-St-Zip: ROYAL PALM BCH, FL City-St-Zip: Title: TD Title: () Delete () Change () Addition Name: LEAN, SHARON, Name: 1233 MORNING DOVE CT Address: Address: JACKSONVILLE, FL City-St-Zip: City-St-Zip: Title: Title: SD ( ) Delete () Change () Addition LEAN, MARION Name: Name: 137 SARATOGA BLVD EAST Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARION S. LEAN PD 04/03/2007