

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90210 031 ***150.00

14006120



01292005 Chg-P CR2E034 (10/03)

DOCUMENT # 224654					
1. Entity Name PESTICIDE CHEMICALS INC					
Principal Place of Business 3899 ORANGE AVE EXTENSION P O BOX 369 FT PIERCE, FL 34954		Mailing Address 3899 ORANGE AVE EXTENSION P O BOX 369 FT PIERCE, FL 34954			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0868755	
Zip		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>		<input 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		
BROWN, JR. R 3899 ORANGE AVE EXTENSION P. O. BOX 369 FT. PIERCE, FL 34947			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00		9. Election Campaign Financing		5.00 May Be	
After May 1, 2005 Fee will be \$550.00		Trust Fund Contribution. <input type="checkbox"/>		Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, JR. R		NAME		
STREET ADDRESS	3899 ORANGE AVE EXTENSION		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DALTON, NANCY BROWN		NAME		
STREET ADDRESS	3899 ORANGE AVE EXTENSION		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL		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)(i), 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>Rue Lane Brown, Jr</i>		RUE LANE BROWN, JR		4/22/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				7724618088	
				Daytime Phone #	