2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 16, 2005 08:00 AN Secretary of State

 Entity Nam 	MENT # 302905 CHEMICAL, INC.	- -		Secr	etary of State
Principal Plac 4040 UPPER SUN CITY CE	'	Mailing Address 4040 UPPER CREEK DR SUN CITY CENTER, FL 33573		 - 	I DINSK STOR KIND NIGHT KIDNINGS IF TODA
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			4. FEI Number 59-1142101	CR2E034 (10/03) Applied For Nor Applicable \$8.75 Additional Fee Required	
FERLITA, CONRAD C 4040 UPPER CREEK DR SUN CITY CENTER, FL 33573			DO NOT WRITE IN THIS SPACE		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				.00 May Be In accordance with corporation did not	s. 607.193(2)(b), F.S., the receive the prior notice.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I V FERLITA, CONRAD C 4040 UPPER CREEK DR SUN CITY CENTER, FL 33573	DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS 4040 UPPER CREEK DR SUN CITY CENTER, FL 33573			56719 0003-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOON, JAMES 4040 UPPER CREEK DR SUN CITY CENTER, FL 33573		DO NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP		······································		IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			#1
TITLE NAME STREET ADDRESS 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 inclicated 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date					