

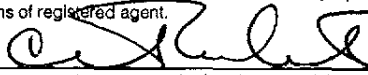
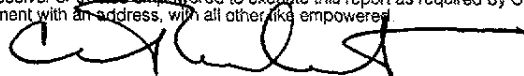


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 302905 1. Entity Name CONIFER CHEMICAL, INC.		
Principal Place of Business 4040 UPPER CREEK DR SUN CITY CENTER, FL 33573		Mailing Address 4040 UPPER CREEK DR SUN CITY CENTER, FL 33573
DO NOT WRITE IN THIS SPACE		
		 01182006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-1142101 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
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  1-18-06 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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERLITA, CONRAD C 4040 UPPER CREEK DR SUN CITY CENTER, FL 33573	DO NOT WRITE IN THIS SPACE 000000395442 01/25/06-80051-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAUGHN, NANCY 4040 UPPER CREEK DR SUN CITY CENTER, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOON, JAMES 4040 UPPER CREEK DR SUN CITY CENTER, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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:  1-18-06 813-633-1435 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		