

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 405988

FILED
Jan 26, 2004
Secretary of State

Entity Name: CHEM-QUIP, INC.

Current Principal Place of Business:

5675 NEW TAMPA HWY
#4
LAKELAND, FL 33815 US

New Principal Place of Business:

Current Mailing Address:

5675 NEW TAMPA HWY
#4
LAKELAND, FL 33815 US

New Mailing Address:

FEI Number: 59-1400932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONNICHSEN, BARRY M.
5675 NEW TAMPA HWY. #4
LAKELAND, FL 33815 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: PDC () Delete
Name: BONNICHSEN, BARRY M.
Address: 1232 RIDGEGREEN LOOP N.
City-St-Zip: LAKELAND, FL

Title: VDS () Delete
Name: BONNICHSEN, GAIL L
Address: 1323 RIDGEGREEN LOOP N.
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: BONNICHSEN, DAVID
Address: 6060 FARIMOUNT PKWY
City-St-Zip: PASADENA, TX 77505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change () Addition
Name: BONNICHSEN, BARRY M.
Address: 3625 NEW JERSEY ROAD, #147
City-St-Zip: LAKELAND, FL 33803

Title: VDS (X) Change () Addition
Name: BONNICHSEN, GAIL L
Address: 3625 NEW JERSEY ROAD, #147
City-St-Zip: LAKELAND, FL

Title: D (X) Change () Addition
Name: BONNICHSEN, DAVID
Address: 9010 ROCK LEDGE COURT, #4C401
City-St-Zip: OWINGS MILL, MD 21117

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: BARRY M. BONNICHSEN

MR.

01/26/2004

Electronic Signature of Signing Officer or Director

_____ Date