


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 445838 1. Entity Name JERRY LEE CHEMICAL COMPANY	
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Principal Place of Business 3407 WEST FAIRFIELD DR. P.O.BOX 17186 PENSACOLA, FL 32522	Mailing Address 3407 WEST FAIRFIELD DR. P.O.BOX 17186 PENSACOLA, FL 32522
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1541749	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHWARTZ, DAVID LEE 411 BECKS LAKE RD CANTONMENT, FL 32533
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, JEROME LEO JR. 3407 OLD FAIRFIELD DRIVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWARTZ J. L., JR. 3407 W. FAIRFIELD DRIVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWARTZ, DAVID 3407 W. FAIRFIELD DRIVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWARTZ, DAVID 3407 OLD FAIRFIELD DR. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000008225 01/20/04-80056-002 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **DAVID L. SCHWARTZ** 1/12/04 850-432-9929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #