## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # 445838**

1. Entity Name
JERRY LEE CHEMICAL COMPANY

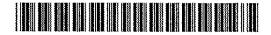


FILED
Jan 20, 2004 08:00 AM
Secretary of State

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



01122004

No Cha-P

CR2E034 (10/03)

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	FE! Number
٦.	re: Number
	EO 4544740
	59-1541749

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, DAVID LEE 411 BECKS LAKE RD CANTONMENT, FL 32533

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

O/441-0131121111				IN THIS SPACE		
	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or s	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registerer				5 Agent signature required when reinstating)  DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, JEROME LEO JR. 3407 OLD FAIRFIELD DRIVE PENSACOLA, FL			U00000008225 01/20/04-80056-002 150.00		
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	DC			NOT WRITE	
TITLE NAME STREET ADDRESS CETY-ST-ZIP	V SCHWARTZ, DAVID 3407 OLD FAIRFIELD DR. PENSACOLA, FL			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY -ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corporated,	certify that the information supplied with this fill on this report or supplemental report is true as portation or the receiver or trustee empowered or on an attachment with an address, with all	ng does not qualify for the exen nd accurate and that my signati to execute this report as require other like empowered.	nption state ure shall har ed by Chap	d in Section 119.07(3) ve the same legal effe- ter 607, Florida Statuti	(i), Florida Statutes, I further certify that the information of as if made under oath; that I am an officer or directores; and that my name appears in Block 10 or Block 11 if	