## 2006 FOR PROFIT CORPORATION. ANNUAL REPORT (AR)

## Jan 27, 2006 08:00 AM **DOCUMENT # 445838** Secretary of State t. Entity Name JERRY LEE CHEMICAL COMPANY Mailing Address Principal Place of Business 3407 WEST FAIRFIELD DR. 3407 WEST FAIRFIELD DR. P.O.BOX 17186 PENSACOLA FL 32522 P.O.BOX 17186 PENSACOLA FL 32522 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied Fo 4. FEI Number City & State City & State 59-1541749 Not Applica Country \$8.75 Additional Zip Country $Z_{3D}$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWARTZ, DAVID LEE 411 BECKS LAKE RD Street Address (P.O. Box Number is Not Acceptable) **CANTONMENT FL 32533** Zip Code 8. The above parties equity 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 acc the obligations of registered agent-SIGNATURE ... Signature, types in presen here of repostered agent and bit..., acable (NOTE: Registered Agent aignature required when remistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to For. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Change ☐ Ad-PD □ Delete T)TIF TITLE NAME NAME SCHWARTZ, JEROME LEO JR. STREET ACCRESS HURUM405600 STREET ADDRESS 3407 OLD FAIRFIELD DRIVE 02/07/06-80046-006 150.00 CITY-SI-ZIP PENSACOLA FL CHY-ST-ZIP Change ... □ Ac TITLE TITLE ☐ Defete TD NAME NAME SCHWARTZ J. L., JR. STREET ADDRESS STREET ADDRESS 3407 W. FAIRFIELD DRIVE CHY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change TUTLO TITLE □ Delete NAME SCHWARTZ, DAVID STREET ADDRESS STREET ADDRESS 3407 W. FAIRFIELD DRIVE CHY-ST-ZIP CHY-ST-ZIP PENSACOLA FL ☐ Change 日極 mu Defete TIRE NAME NAME SCHWARTZ, DAVID STREET ACCRESS 3407 OLD FAIRFIELD DR. STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CHY-SI-DP ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change THE TITLE Delete NAME NAME STREET ACCRESS STREET ADDRESS CITY+ST-ZIP CATY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 direct 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

David Lee Schwartz 1/24/06 (850) 432-9924

attachment with an address, with all other like empowered.

if changed, or on,

FILED