2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 489050

1. Entity Name

CHLORINATORS INCORPORATED



FILED Feb 04, 2004 8:00 am Secretary of State

02-04-2004 90051 039 ***150.00

Principal Place of Business		Mailing Address	<u> </u>	
1044 DIXIE CUT-OFF ROAD STUART FL 34994		P. O. BOX 1518 STUART FL 34995-1518		94009262
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2. Principal Place of Business		3. Mailing Address	·	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		- City & State		4. FEI Number 59-1632730 Applied For Not Applicable
Zip ·	Country	Zip	Country	5. Certificate of Status Desired . \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
HASKETT, DIANE M. 4605 SE WILLIAMS WAY STUART FL 34997			Name	رائيل دارا دايد در يومونمونه المدانيون که احتصافیونينتري (البین ادار اروپوسیفوندا فاندسيدکار فرمندوکار که الا
			Street Address	s (P.O. Box Number is Not Acceptable)
0,0	ANT 1 E 0 1007		,	
			City	FL Zip Code
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 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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	1963年2月1日 1962年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1日 1	IS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	Т	Delete	TITLE	☐ Change ☐ Addition
NAME -	WRIGHT, JOY A		NAME	
STREET ADDRESS CITY-ST-ZIP	P. O. BOX 1518 STUART FL 34994-1518		STREET ADDRESS CITY-ST-ZIP	•
TITLE	PSD T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HASKETT, DIANE M	■ Delete	NAME	
STREET ADDRESS	P.O. BOX 1518		STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994-1518		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMPSON, KEITH P		NAME	
CITY-ST-ZIP	PO BOX 1518 STUART FL 34995-1518		STREET ADDRESS CITY-ST-ZIP	
TITLE	D	 Delete	TITLE	☐ Change ☐ Addition
NAME	WRIGHT, GARY B	Delete	NAME	Change Channel
STREET ADDRESS	PO BOX 1518		STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34995-1518		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME .			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	,
			 	□ Channa □ sudding
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	·
CITY-ST-ZIP			CITY-ST-ZIP	
12 I hereby	certify that the information suppl	fied with this filing does not qualify for th	ne exemption stated in 6	Section 119 07(3Vi). Florida Statutes. I further certify that the information

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE M. HASKETT

Janesy 30, 2004

Daytime Phone #