


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 505302 1. Entity Name CHEMILIZER PRODUCTS, INC.	
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Principal Place of Business 230 COMMERCE DR. N. LARGO, FL 33770	Mailing Address 230 COMMERCE DR. N. LARGO, FL 33770
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06022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1732259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DANIELS, FRANK R 230 COMMERCE DR. N. LARGO, FL 33770

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 (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DANIELS, FRANK R 2420 BUTTERNUT COURT DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DANIELS, JANICE E 2420 BUTTERNUT COURT DUNEDIN, FL 34698
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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: *Frank Daniels*

FRANK DANIELS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-05
Date

727-518-1665
Daytime Phone #