

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90734 036 \*\*\*150.00



**DOCUMENT # 818314**

1. Entity Name

**FOREMOST CHEMICALS, INC.**

Principal Place of Business

**6543 46TH ST N  
 SUITE 1102  
 PINELLAS PARK FL 33781  
 US**

Mailing Address

**6543 46TH ST N.  
 SUITE 1102  
 PINELLAS PARK FL 33781  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1061224**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSHALL, SHIRLEY  
 6501 4TH ST. S  
 ST PETERSBURG FL 33705**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S**  Delete  
 NAME **MARSHALL, SHIRLEY**  
 STREET ADDRESS **6501 4TH ST. S**  
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **FREDLAND, JOAN A.**  
 STREET ADDRESS **9945 SAGO PT DR**  
 CITY-ST-ZIP **LARGO FL 33777**

TITLE **PD**  Change  Addition  
 NAME **Friedland, Joan A.**  
 STREET ADDRESS **P. O. Box 21306**  
 CITY-ST-ZIP **St. Petersburg, FL 33742**

TITLE **V**  Delete  
 NAME **LAVERTY, DEBORAH**  
 STREET ADDRESS **16 WOODLAWN RD.**  
 CITY-ST-ZIP **NORTH DARTMOUTH MA 02747**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:** *Shirley Marshall*

**Shirley Marshall**

**4/15/04**

**727-522-8518**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #