

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 848326**

1. Entity Name  
**PHOSACID SERVICE & SUPPLY, INC.**



Principal Place of Business  
**ONE SALEM LAKE DR  
LONG GROVE, IL 60047-8402 US**

Mailing Address  
**ONE SALEM LAKE DR  
LONG GROVE, IL 60047-8402 US**



04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-3134538**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**000000544204  
05/11/06-80025-014 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DVS  
BARNARD, D.C.  
ONE SALEM LAKE DR  
LONG GROVE, IL 60047**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**V  
MORRIS, H.E.  
10608 PAUL BUCHMAN HWY  
PLANT CITY, FL 33565**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VCFD  
THOMAS, ERNEST  
ONE SALEM LAKE DR  
LONG GROVE, IL 60047**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PD  
WILSON, S.R.  
ONE SALEM LAKE DR  
LONG GROVE, IL 60047**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**T  
BAKER, D.W.  
ONE SALEM LAKE DR  
LONG GROVE, IL**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**AS  
SCOTT, J. J.  
ONE SALEM LAKE DRIVE  
LONG GROVE, IL**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *D.W. Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**D.W. Baker** **04/25/06** **847/438-9500**  
Date Daytime Phone #