


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000003062</b> 1. Entity Name JLM CHEMICALS, INC.	
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Principal Place of Business 8675 HIDDEN RIVER PARKWAY TAMPA, FL 33637	Mailing Address 8675 HIDDEN RIVER PARKWAY TAMPA, FL 33637
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4016174	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301
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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.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARPLEY, WALTER M 8675 HIDDEN RIVER PARKWAY TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFVT MOLINA, MICHAEL J 8675 HIDDEN RIVER PARKWAY TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACDONALD, SCOTT 8675 HIDDEN RIVER PKWY TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PEARSON, FORD 8675 HIDDEN RIVER PKWY TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/18/05-80097-018 150.00

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.

<b>SIGNATURE</b>  <b>Michael Molina</b>	Date _____	Daytime Phone # <b>8136323000</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		