

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 AUG 13 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000006376

1. Entity Name
CHEMCENTRAL ATLANTIC CORPORATION



Principal Place of Business
1 ALCHEMY PLACE
DORAVILLE, GA 30360

Mailing Address
1 ALCHEMY PLACE
DORAVILLE, GA 30360



07092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1191999

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COX, F. WILSON
1 ALCHEMY PLACE
DORAVILLE, GA 30360

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ROST, MARK W
1 ALCHEMY PLACE
DORAVILLE, GA 30360

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GULICK, NICHOLAS
1 ALCHEMY PLACE
DORAVILLE, GA 30360

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASAT
CARPIO, J. GRAHAM
1 ALCHEMY PLACE
DORAVILLE, GA 30360

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600040163786

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

Signature of J. Graham Carpio
GRAHAM CARPIO

Signature of J. Graham Carpio
July 13, 2004

708.325.
2411

2013

CHEMCENTRAL ATLANTIC CORPORATION
1 ALCHEMY PLACE
DORAVILLE, GEORGIA 30360

July 13, 2004

Corporation Division
Secretary of State
Tallahassee, Florida 32301

Gentlemen:

We are filing the 2004 annual report for the corporation and requesting that the Secretary of State waive the penalty for late filing, as we did not receive our 2004 report.

Your courtesies are greatly appreciated.

Very truly yours,

A handwritten signature in black ink, appearing to read "Susan M. Aspinio", written over a horizontal line.



CORPORATION SERVICE COMPANY

3 of 3

ACCOUNT NO. : 072100000032
REFERENCE : 843287 4808562
AUTHORIZATION : *Patricia Pizute*
COST LIMIT : \$ 150.00

ORDER DATE : August 10, 2004

ORDER TIME : 9:45 AM

ORDER NO. : 843287-005

CUSTOMER NO: 4808562

CUSTOMER: Mr Graham Carpio
Chemcentral Corporation
P. O. Box 730

Bedford Park, IL 60499-0730

ANNUAL REPORT FILING

NAME: CHEMCENTRAL ATLANTIC
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: _____

RECEIVED
04 AUG 13 AM 10:49
DIVISION OF CORPORATION