


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90392 012 ***150.00

DOCUMENT # F03000006376 1. Entity Name CHEMCENTRAL ATLANTIC CORPORATION	
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Principal Place of Business 1 ALCHEMY PLACE DORAVILLE, GA 30360	Mailing Address 1 ALCHEMY PLACE DORAVILLE, GA 30360
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14012689



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1191999	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	

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)(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: *Shawn A. Vito* **4/18/05** **768.325.2411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

14012689
#A03000006376

CHEMCENTRAL ATLANTIC CORPORATION
F.E.I.N 57-1191999

OFFICERS

F. Wilson Cox
President

35 Technology Pkwy S, Ste. 170
Norcross, GA 30392

Mark W. Rost
Secretary

35 Technology Pkwy S, Ste. 170
Norcross, GA 30392

Nicholas J. Gulick
Treasurer

35 Technology Pkwy S, Ste. 170
Norcross, GA 30392

J. Graham Carpio
Asst Secy/Acct Treas

7050 W. 71st Street
Bedford Park, IL 60499

DIRECTOR

F. Wilson Cox

35 Technology Pkwy S, Ste 170
Norcross, GA 30392