


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90042 042 \*\*\*150.00

<b>DOCUMENT # F07000002283</b> 1. Entity Name <b>SC SUNBELT CHEMICALS CORP.</b>					
Principal Place of Business <b>55 BEATTIE PLACE, SUITE 1500 GREENVILLE, SC 29601</b>			Mailing Address <b>55 BEATTIE PLACE, SUITE 1500 GREENVILLE, SC 29601</b>		
2. Principal Place of Business - No P.O. Box # <b>71 HARGROVE GRADE</b> Suite, Apt. #, etc.			3. Mailing Address <b>71 HARGROVE GRADE</b> Suite, Apt. #, etc.		
City & State <b>PALM COAST FL</b>			City & State <b>PALM COAST FL</b>		
Zip <b>32137</b>		Country <b>USA</b>		4. FEI Number <b>20-8867123</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, PORTER B 55 BEATTIE PLACE, SUITE 1500 GREENVILLE, SC 29601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO NATHAN T. SCHELLE 71 HARGROVE GRADE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATSON, R. PATRICK 55 BEATTIE PLACE, SUITE 1500 GREENVILLE, SC 29601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MICHAEL L. BAILEY 71 HARGROVE GRADE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.					
<b>SIGNATURE:</b> <i>Nathan T. Schelle</i> <b>NATHAN T. SCHELLE</b> <b>3/10/08</b> <b>3864464595</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50002183**



03102008 Chg-P CR2E034 (12/06)