

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F63077

FILED
Apr 10, 2009
Secretary of State

Entity Name: KIBLER CHEMICAL CORPORATION

Current Principal Place of Business:

1610 ORANGE AVE
ST CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

1610 ORANGE AVE.
ST CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 59-2152729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIBLER, CONNIE L MRS.
1150 EDEN DRIVE
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIBLER, CHARLES B MR.
Address: 1150 EDEN DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: STD () Delete
Name: KIBLER, CONNIE L
Address: 1150 EDEN DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: VPD () Delete
Name: WEISS, GARY A
Address: 2949 CIALLELA PASS
City-St-Zip: ST CLOUD, FL 34771

Title: VPD () Delete
Name: WECK, KELLY F
Address: 3016 DIAMOND LANE
City-St-Zip: ST. CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE L. KIBLER

STD

04/10/2009

Electronic Signature of Signing Officer or Director

_____ Date