

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F63077

FILED  
Jan 06, 2010  
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:**

1610 ORANGE AVE  
ST CLOUD, FL 34769 US

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CONNIE L. KIBLER

STD

01/06/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date