

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001118

FILED
Feb 28, 2005
Secretary of State

Entity Name: ANDERSON CHEMICAL COMPANY, INC.

Current Principal Place of Business:

1840 WATERVILLE ROAD
MACON, GA 31206

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4507
MACON, GA 31208

New Mailing Address:

FEI Number: 58-1986742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: TSDV () Delete
Name: WALKEMEYER, WILLIAM B
Address: 1840 WATERVILLE ROAD
City-St-Zip: MACON, GA 31206

Title: CEOP () Delete
Name: ANDERSON, R. K
Address: 1840 WATERVILLE ROAD
City-St-Zip: MACON, GA 31206

Title: VD () Delete
Name: ANDERSON, CHARLIE
Address: 1840 WATERVILLE RD.
City-St-Zip: MACON, GA 31206

Title: V () Delete
Name: LANGSTON, TERRY V
Address: 1840 WATERVILLE RD
City-St-Zip: MACON, GA 31206

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 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 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: WILLIAM B. WALKEMEYER

TSDV

02/28/2005

Electronic Signature of Signing Officer or Director

Date