2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 Al
Secretary of State

DOCUMENT # F98000002982 1. Entity Name SUNAPEE CHEMICAL, INC.			Secretary of S
6610 OAKBROOKE CIR	Mailing Address PO BOX 684 WOOSTER, OH 44691		
		 	
DO NOT WRITE IN THIS SPACE		02162008 No Chg-P CR2E034 (11/05)	
		CE	4. FEI Number Applied For Not Applicab
		•	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Reg	stered Agent		
ROBERTS, JILL 6610 OAKBROOKE CIR BRADENTON, FL 34202		DO NOT WRITE IN THIS SPACE	
The above named entity submits this statement for the the obligations of registered agent SIGNATURE Sorryar, typed or prated used of registered agent and tall Sorryar, typed or prated used of registered agent and tall	J:11	Robert Robert	ered agent, or both, in the State of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with a stat
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Bloction Campaign Fina Trus: Fund Contribution	_ +0	5.00 May Be Ided to Fees
10. OFFICERS AND DIRE	CTORS		
NAME ROBERTS, JILL SIREET ADDRESS GITY-ST-ZP BRADENTON, FL 34202			U00000899113 04/28/08-80026-007 150.00
NAME ROTH, BETTY		1	

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florioa 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:

CITY-ST-ZIP

CITY-ST-ZIP

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BRADENTON, FL 34202

THE CHARLES THE PROBLETS

3/19/08

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