


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # G47719 1. Entity Name CHEMCLAD CORPORATION |  |
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| Principal Place of Business 1701 HOBBS ROAD P O BOX 1804 AUBURNDALE, FL 33823 | Mailing Address 1701 HOBBS ROAD P O BOX 1804 AUBURNDALE, FL 33823 |
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

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|---|--------------------------------|
| 4. FEI Number 59-2314182 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WALTERS, CHARLES L. 1701 HOBBS ROAD AUBURNDALE, FL 33823 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP WALTERS, CHARLES L. 142 HARBOR WAY AUBURNDALE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MESSMER, GAY 4922 E. PERSHING SCOTTSDALE, AZ 856254 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SMITH, JILL 5848 APPLEWOOD #1402 W. BLOOMFIELD, MT 48322 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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07/15/04-800009-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Charles L. Walters 7-1304 863967-1156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #