



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # G47719			
1. Entity Name CHEMCLAD CORPORATION			
Principal Place of Business 1701 HOBBS ROAD P O BOX 1804 AUBURNDAL, FL 33823	Mailing Address 1701 HOBBS ROAD P O BOX 1804 AUBURNDAL, FL 33823		
DO NOT WRITE IN THIS SPACE			
		01192006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2314182	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WALTERS, CHARLES L. 1701 HOBBS ROAD AUBURNDAL, FL 33823		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 _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WALTERS, CHARLES L. 142 HARBOR WAY AUBURNDAL, 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 5846 APPLEWOOD #1402 W. BLOOMFIELD, MT 48322		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, GERALDINE M 1280 BURLINGTON DRIVE HICKORY CORNERS, MI 49060		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Charles L. Walters</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>2-8-06</i> <small>Date</small>	<i>863907-1156</i> <small>Daytime Phone #</small>