

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # G47719

1. Entity Name
CHEMCLAD CORPORATION



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**



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2314182

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALTERS, CHARLES L.
1701 HOBBS ROAD
AUBURNDALE, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WALTERS, CHARLES L.
STREET ADDRESS	142 HARBOR WAY
CITY-ST-ZIP	AUBURNDALE, FL
TITLE	D
NAME	MESSMER, GAY
STREET ADDRESS	4922 E. PERSHING
CITY-ST-ZIP	SCOTTSDALE, AZ 856254
TITLE	D
NAME	SMITH, JILL
STREET ADDRESS	5848 APPLEWOOD #1402
CITY-ST-ZIP	W. BLOOMFIELD, MT 48322
TITLE	D
NAME	ROBERTS, GERALDINE M
STREET ADDRESS	1280 BURLINGTON DRIVE
CITY-ST-ZIP	HICKORY CORNERS, MI 49060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/08-80025-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #