


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul-06, 2004 08:00 AM
Secretary of State

DOCUMENT # G89914 1. Entity Name CHEM POLYMER CORPORATION	
---	---

Principal Place of Business 2443 ROCKFILL ROAD P O BOX 6927 FT. MYERS, FL 33916 US	Mailing Address 2443 ROCKFILL ROAD FT MYERS, FL 33916 US
---	--



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2448189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, JOHN C
2443 ROCKFILL RD
FORT MYERS, FL 33916

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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$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.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEE, JOHN 2443 ROCKFILL RD FT. MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEWULF, EVAN 2443 ROCKFILL RD FT. MYERS, FL 339164822
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SANSOM, KEITH G 2443 ROCKFILL RD FT. MYERS, FL 339164822
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000163221
07/06/04-80004-020 150.00

DO NOT WRITE IN THIS SPACE

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: _____ Date: 7/1/04 Daytime Phone #: (239) 337-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR