

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # G94677

1. Entity Name
SPECIALTY CHEMICAL MANUFACTURING, INC.



Principal Place of Business
115 W. CLARK STREET
QUINCY, FL 32351

Mailing Address
115 W. CLARK STREET
QUINCY, FL 32351

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2280404

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IRVIN, DAVID E
115 W CLARK ST
QUINCY, FL 32351

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	IRVIN, DAVID E.
STREET ADDRESS	115 W. CLARK STREET
CITY - ST - ZIP	QUINCY, FL
TITLE	S
NAME	HAMILTON, RAYMOND
STREET ADDRESS	2530 LANTRAC COURT
CITY - ST - ZIP	DECATUR, GA 30035
TITLE	P
NAME	LIPMAN, CHARLES
STREET ADDRESS	2530 LANTRAC CT.
CITY - ST - ZIP	DECATUR, GA 30035
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/03/04-80181-021 150.00

**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:

Raymond Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

770-593-0900

Daytime Phone #