

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J94260

FILED  
Feb 15, 2005  
Secretary of State

Entity Name: NORTH EAST FLORIDA CHEMICAL INC.

## Current Principal Place of Business:

4453 SUNBEAM RD  
JACKSONVILLE, FL 32257 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 24080  
JACKSONVILLE, FL 32241

## New Mailing Address:

FEI Number: 59-2846570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HASKINSON, JAMES A  
127 MARSHSIDE DR  
SAINT AUGUSTINE, FL 32080 US

## Name and Address of New Registered Agent:

HOSKINSON, JAMES A  
127 MARSHSIDE DR  
SAINT AUGUSTINE, FL 32080 US

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.

SIGNATURE: JAMES A. HOSKINSON

02/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOSKINSON, JAMES A.,  
Address: 118 MARSHSIDE DRIVE NORTH  
City-St-Zip: ST. AUGUSTINE, FL

Title: VST ( ) Delete  
Name: HOSKINSON, BARBARA S.,  
Address: 118 MARSHSIDE DRIVE NORTH  
City-St-Zip: ST. AUGUSTINE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HOSKINSON, JAMES A.,  
Address: 127 MARSHSIDE DRIVE NORTH  
City-St-Zip: ST. AUGUSTINE, FL

Title: VST (X) Change ( ) Addition  
Name: HOSKINSON, BARBARA S.,  
Address: 127 MARSHSIDE DRIVE NORTH  
City-St-Zip: ST. AUGUSTINE, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. HOSKINSON

PD

02/15/2005

Electronic Signature of Signing Officer or Director

Date