2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCU 1. Entity Nam	MENT # K83680			Secretary of State
BASIC CH	HEMICALS, INCORPORATE	D		
Principal Place of Business		Mailing Address		
RICHARD E. SPOONER 8677 N OLD PALAFOX RD PENSACOLA FL 32534		RICHARD E. SPOONE 8677 N OLD PALAFO PENSACOLA FL 3253	X RD	
2. Principal Place of Business		3. Mailing Address		
Suite. Apt.	*, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & Stat	е	Cny & State		4. FEI Number 59-2946270 Applied For Not Applied
Zip	Country	Zip	Country	5. Certificate of Status Desired
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
867	DONER, RICHARD E. 7 NIOLD PALAFOX RD ISAÇOLA FL 32514		Street Address (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	ramed entity submits this statement tions of registered agent	for the purpose of changing its	s registered affice or register	red agent, or both, in the State of Florida, I am familiar with, and age.
SIGNATURE .	Signature, typed in printed name of registered age	oi and into a applicable (NOT	E. Registered Agom signature requirer	o when renstake(p) DATE
Affer	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department	Q		9. Election Campaign Financing \$5.00 May: Trust Fund Contribution. Added to Fees
10.	OFFICERS AN	Market et et .	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD SPOONER, MARIAN PO BOX 7207	□ Delcte	Title Name Street address City-St-Jip	□ change □ A++ · 110000001456631
TITLE	PENSACOLA FL 32534 VPD	☐ Delete	TITLE	13/16/06-80048-012 150.00
NAME STREET ADDRESS CITY- ST-ZIP	WELLS, CHARLES V. 6831 COMMUNITY DR PENSACOLA FL		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MAME STREET ADDRESS CITY - ST - ZIP	STD SPOONER, RICHARD E. PO BOX 7207 PENSACOLA FL 32534	Defete	Tille Name Symle) audikess Ckyy-St-Zip	Change ☐ A.A.***
TITLE MAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Adding
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ait
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Defets	Wile Name Street address City-St-Zip	Change Arts
indicated of the co	I on this report or supplemental report	is true and accurate and that in powered to execute this repo	my signature shall have the ort as required by Chapter 60	ed in Section 119, Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or direction, Florida Statutes; and that my name appears in Block 10 or Block 1

SIGNATURE: MARIAN M. SPOONER 2/38/06 850-477-935