

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90019 035 ***150.00

DOCUMENT # K83680 1. Entity Name BASIC CHEMICALS, INCORPORATED			
Principal Place of Business RICHARD E. SPOONER 8677 N OLD PALAFOX RD PENSACOLA, FL 32534		Mailing Address RICHARD E. SPOONER 8677 N OLD PALAFOX RD PENSACOLA, FL 32534	
2. Principal Place of Business - No P.O. Box # 8677 N. PALAFOX STREET Suite, Apt. #, etc.		3. Mailing Address 8677 N. PALAFOX STREET Suite, Apt. #, etc.	
City & State PENSACOLA, FL Zip 32534 Country USA		City & State PENSACOLA, FL Zip 32534 Country USA	
4. FEI Number 59-2946270		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPOONER, RICHARD E. 8677 N OLD PALAFOX RD PENSACOLA, FL 32514		7. Name and Address of New Registered Agent Name RICHARD E. SPOONER Street Address (P.O. Box Number is Not Acceptable) 6463 HAMMOCK TRACE City MILTON FL Zip Code 32583	
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 <i>Richard E. Spooner</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/14/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPOONER, MARIAN PO BOX 7207 PENSACOLA, FL 32534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WELLS, CHARLES V. 6831 COMMUNITY DR PENSACOLA, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SPOONER, RICHARD E. PO BOX 7207 PENSACOLA, FL 32534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Richard E. Spooner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/14/08 Daytime Phone # 850-712-7731	

40069710



04142008 Chg-P CR2E034 (12/06)