

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90059 045 ***155.00

DOCUMENT # M75223 1. Entity Name GLOBAL CHEMICAL INDUSTRIES, INC.			
Principal Place of Business 3837 NORTHDAL BLVD SUITE 307 TAMPA, FL 33624		Mailing Address 3837 NORTHDAL BLVD SUITE 307 TAMPA, FL 33624	
2. Principal Place of Business 3959 Van Dyke Rd (Suite) Apt. #, etc. 297		3. Mailing Address 3959 Van Dyke Rd (Suite) Apt. #, etc. 297	
City & State Lutz, FL		City & State Lutz, FL	
Zip 33558		Country Hillsborough	
4. FEI Number 59-2888099		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 WONG, JO ANN K 18648 AVENUE CAPRI LUTZ, FL 33558		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VT <input type="checkbox"/> Delete NAME KACZMAREK, CAROLYN STREET ADDRESS 18902 PEBBLE RUN WAY CITY-ST-ZIP TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PS <input type="checkbox"/> Delete NAME WONG, JO ANN K STREET ADDRESS 18648 AVENUE CAPRI CITY-ST-ZIP LUTZ, FL 33558	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 exemption stated in Section 119.07(3)(l), 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: <u>Jo Ann Wong</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2.8.05</u> Daytime Phone # <u>813 786 9806</u>	