2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State
05-13-2008 90018 017 ***150.00

DOCUMENT # **M77884**

1. Entity Name
SUN COUNTRY CHEMICAL, INC.

Principal Place of Business	Mailing Address
2323 HWY 44W INVERNESS FL 34453	2323 HWY 44W INVERNESS FL 34453

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2901464 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LESSMEIER, ROBERT D 2323 HIGHWAY 44 WEST INVERNESS FL 34453	Name: Michael J. McKendry Street Address (P.O. Box Number is Not Acceptable): 3909. E. Wilma Street City: Inverness FL Zip Code: 34453

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: Michael J. McKendry — Michael J. McKendry — 4/16/2008
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	LESSMEIER, ROBERT D.	NAME	
STREET ADDRESS	2323 HIGHWAY 44 WEST	STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34453	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LESSMEIER, JOAN A.	NAME	
STREET ADDRESS	7337 E. APPLEWOOD	STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34450	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCKENDRY, TIMOTHY A.	NAME	
STREET ADDRESS	6470 E. LYNN	STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34452	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	MCKENDRY, MICHAEL J.	NAME	McKendry, Michael J
STREET ADDRESS	6765 FALCON REST LANE	STREET ADDRESS	3909-E. Wilma Street
CITY-ST-ZIP	INVERNESS FL 34452	CITY-ST-ZIP	Inverness, Fl. 34453
TITLE	D ☐ Delete	TITLE	D. ☑ Change ☐ Addition
NAME	ROZEK, LESLIE A.	NAME	Bernay, Leslie A
STREET ADDRESS	6009 E. HOLLY	STREET ADDRESS	8917- Hillsdale Dr.
CITY-ST-ZIP	INVERNESS FL 34452	CITY-ST-ZIP	Orlando, FL. 32818
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: TIMOTHY A MCKENDRY — 4/16/2008 — 352-726-2877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #