

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000043574

1. Entity Name
CSI-CHEMSILANE, INC.



Principal Place of Business
**3206 SOUTH HOPKINS AVENUE
PO BOX 43
TITUSVILLE, FL 32780**

Mailing Address
**3206 SOUTH HOPKINS AVENUE
PO BOX 43
TITUSVILLE, FL 32780**



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2337853

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COVINGTON, ALAN H
4421 NORTROP TER
TAMPA, FL 33624**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000105128
04/07/04-80013-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIRCHNER, CLAUD
STREET ADDRESS	2775 LA CITA LANE
CITY - ST - ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	BOURJOT, PIEL
STREET ADDRESS	4421 NORTROP TER
CITY - ST - ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 507, 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:

Claus Kirchner **CLAUS KIRCHNER** 04/07/04 321 643 3923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #