

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90101 030 \*\*\*150.00

<b>DOCUMENT # P01000094831</b> 1. Entity Name <b>CHEMSULTING, INC.</b>					
Principal Place of Business <b>2403 1ST AVENUE SOUTH SAINT PETERSBURG, FL 33712</b>			Mailing Address <b>2403 1ST AVENUE SOUTH SAINT PETERSBURG, FL 33712</b>		
2. Principal Place of Business <b>4707 95th ST. N.</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State <b>ST. PETERSBURG</b>		City & State <b>ST. PETERSBURG</b>		4. FEI Number <b>59-3749418</b>	
Zip <b>33708</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES WILSON, LELAND J 2403 1ST AVENUE SOUTH SAINT PETERSBURG, FL 33712</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES WILSON, LELAND J. 4707 95th ST. N. ST. PETERSBURG, FL 33708</b> <input checked="" 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	
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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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Day to Phone #</small>					

**50057469**



07132005 Chg-P CR2E034 (10/03)

ATTACHMENT  
#P01000094831  
**CHEMSULTING, INC**

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4707 95<sup>th</sup> St. N., St. Petersburg, FL 33708  
Phone - 727-395-9654 Fax - 727-231-0701

July 14, 2005

Division of Corporations  
P O Box 1500  
Tallahassee, FL 32302-1500

Dear Sir,

My business moved to this new address earlier this year and I did not receive the renewal notice for filing an Annual Report.

Please correct this address so I can file in a timely manner in the future.

Thank you,

Leland J Wilson  
President

