

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90042 004 \*\*\*150.00

**DOCUMENT # P03000008778**

1. Entity Name

CHEM-SOFT LAB PRODUCTS, INC.



Principal Place of Business

5775 HYDE PARK CIRCLE  
JACKSONVILLE FL 32210  
US

Mailing Address

5775 HYDE PARK CIRCLE  
JACKSONVILLE FL 32210  
US

**50016177**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

**585 METEOR STREET**

Suite, Apt. #, etc.

3. Mailing Address

**585 METEOR ST**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FLORIDA**

Zip

**32205**

Country

**US**

City & State

**JACKSONVILLE, FLORIDA**

Zip

**32205**

Country

**US**

4. FEI Number

**71-0927031**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SHIVERS, RONALD T  
5775 HYDE PARK CIRCLE  
JACKSONVILLE FL 32210

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

*Ronald T. Shivers* **RONALD T. SHIVERS**

**2-10-2005**

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, 2005 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

TITLE	CEO	<input type="checkbox"/> Delete
NAME	WILLIAMS-SHAVERS, DIANE H	
STREET ADDRESS	5775 HYDE PARK CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHIVERS, RONALD T	
STREET ADDRESS	5775 HYDE PARK CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

*Ronald T. Shivers* **RONALD T. SHIVERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-10-2005**

Date

**904-759-1756**

Daytime Phone #