2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P03139

Entity Name: LUCIER CHEMICAL INDUSTRIES, LTD., INCORPORATED

Current Principal Place of Business:

415 PABLO AVE N
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 49000
JACKSONVILLE BEACH, FL 322409000

New Mailing Address:

FEI Number: 13-3158103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, DENNIS
415 PABLO AVE NORTH
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: MESSERLIE, DAVID
Address: 201 TWELVE OAKS
City-St-Zip: PONTE VEDRA, FL

Title: D ( ) Delete
Name: LUCIER, ROBERT
Address: 15 ONEIDA RD
City-St-Zip: ACTON, MA

Title: D ( ) Delete
Name: CALDABAUGH, K.C.
Address: 225 WATER ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: EKSTROM, BRUCE
Address: 107 LINKS RD
City-St-Zip: MARTHASVILLE, MO

Title: D ( ) Delete
Name: LUCIER, NANCY J
Address: 109 CANNON CT W
City-St-Zip: PONTE VEDRA, FL

Title: D ( ) Delete
Name: MESSERLIE, CAROL
Address: 201 TWELVE OAKS
City-St-Zip: PONTE VEDRA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MESSERLIE CD 04/13/2009

Electronic Signature of Signing Officer or Director Date