

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069683

Entity Name: ASK CHEMICAL & SUPPLY, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

3649 LAKEWOOD DRIVE
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

3649 LAKEWOOD DRIVE
SARASOTA, FL 34232

New Mailing Address:

4411 BEE RIDGE RD. PMB 508
SARASOTA, FL 34233

FEI Number: 20-1060541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, SHIRLEY
2311 WALDEMERE STREET
SARASOTA, FL 34239 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: D () Delete
Name: HICKS, SHIRLEY J
Address: 2311 WALDEMERE STREET
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: HICKS, AMANDA
Address: 3649 LAKEWOOD DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: HICKS, KEVIN
Address: 3649 LAKEWOOD DRIVE
City-St-Zip: SARASOTA, FL 34232

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMANDA HICKS

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date