2905 FOR PROFIT CORPORATION ANNUAL REPORT

1	ANNUA	LKEPOKI								
DOCUMENT # P04000125890 1. Entity Name KEMTATCH CORP.										
Principal Plac	e of Business				05 HM	21 PH	1.00			
8772 MILES	JOHNSON RD	Mailing Address 8772 MILES JOHNSON RD			05 JUN 21 PM 1:06					
TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309			309			SEUNC 1/	18 / LU	,		
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Principal Place of Business 3. Mailing Address										
									11 12	
Suite, Apt. #, etc. Suite, Apt. #, etc.					06212005	Chg-P	CR2E03	4 (10/03)		
City & Stat	to	City & State			4. FEI Numbe	 		l las	plied For	
City & State		July a state				76024	•	— 	t Applicable	
Zip	ip Country Zip		Country			of Status Desired	_ \$	8.75 Add		
	C. Norman and Address and Course & Resiliation of American						F	ee Require	d 	
	6. Name and Address of Curren	Name	7. Name and Address of New Registered Agent Name							
BAKER, J	OHN E									
8772 MILES JOHNSON RD				Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32309										
			City				FL	Zip Cod	e	
The above named entity submits this statement for the number of changing its register.				d office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept						
the obligations of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the										
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	tribution.		ed to Fees	corporation did					
10.	OFFICERS ANI	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CEDS AND	DIDECTOR	2 INI 11	
TITLE	P OFFICERS ANI	Delete	TITLE	T	ADDITIONS	CHANGES TO OFF	CERS AND I	F. L. Phanha	Addition	
NAME	BAKER, JOHN E		NAME		06/2 ⁻	7/0501008	3006	**150	L NN	
STREET ADDRESS	8772 MILES JOHNSON RD		STREET ADDRESS						• ••	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP							
TITLE	V	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	BAKER, ANN-MARIE		NAME							
STREET ADDRESS CITY-ST-ZIP	8772 MILES JOHNSON RD TALLAHASSEE, FL 32309		STREET ADDRESS CITY+ST-ZIP							
	S	C 5.1							FT Addition	
NAME	BAKER, ONYCHA	∟ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS	8772 MILES JOHNSON RD		STREET ADDRESS							
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLÉ					☐ Change	☐ Addition	
NAME OTREET ADORSOS	BAKER, RYAN		NAME PROFES ADDRESS							
STREET ADDRESS CITY-ST-ZIP	8772 MILES JOHNSON RD TALLAHASSEE, FL 32309		STREET ADDRESS CITY-ST-ZIP							
TITLE	D	Delete	TITLE	Dir	ectar			Change	Addition	
NAME	BAKER, PRESTON	4 D build	NAME	Jud	ce Mal	cenzic	_			
STREET ADDRESS	8772 MILES JOHNSON RD		STREET ADDRESS	INTO	os. mai	snowie si	•			
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	Ta	llahassa	cenzic snovic st c, Fl. 32	-301			
TITLE	D MCEARLANE MANIETON	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	MCFARLANE, WINSTON 1110 S. MAGNOLIA ST.		NAME STREET ADDRESS							
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP							
	<u></u>	th this filing does not qualify fo		ated in Sec	ction 119.07(3)(i), Florida Statutes. I	further certif	ly that the in	nformation	
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										
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 autoress, with all other like empowered.										
SIGNATURE: / 1-21-00 802-251-439									-4395	
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Detail Design Phone 4										