


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000125890		
1. Entity Name KEMTATCH CORP.		

Principal Place of Business 8772 MILES JOHNSON RD TALLAHASSEE, FL 32309	Mailing Address 8772 MILES JOHNSON RD TALLAHASSEE, FL 32309
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
05 JUN 21 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FL 32309  
06212005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAKER, JOHN E 8772 MILES JOHNSON RD TALLAHASSEE, FL 32309		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, JOHN E 8772 MILES JOHNSON RD TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100056527621 06/27/05--01008--006 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAKER, ANN-MARIE 8772 MILES JOHNSON RD TALLAHASSEE, FL 32309 <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	S BAKER, ONYCHA 8772 MILES JOHNSON RD TALLAHASSEE, FL 32309 <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	D BAKER, RYAN 8772 MILES JOHNSON RD TALLAHASSEE, FL 32309 <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	D BAKER, PRESTON 8772 MILES JOHNSON RD TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Judge Ms Kenzie 1110 S. Magnolia St. Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFARLANE, WINSTON 1110 S. MAGNOLIA ST. TALLAHASSEE, FL <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 a address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **6-21-05** **858-251-4395**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

T Boharis JUN 21 2005