

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000044537

FILED
Apr 02, 2009
Secretary of State

Entity Name: CHEMICAL TECHNOLOGY SOLUTIONS, INC.

Current Principal Place of Business:

1002 WILLIAMS ROAD
TAMPA, FL 33624

New Principal Place of Business:

10002 WILLIAMS ROAD
TAMPA, FL 33624

Current Mailing Address:

1002 WILLIAMS ROAD
TAMPA, FL 33624

New Mailing Address:

10002 WILLIAMS ROAD
TAMPA, FL 33624

FEI Number: 26-2583075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIEBLING, ARTHUR ESQ
146 EIGHTH AVENUE NORTH
SAFETY HARBOR, FL 34695 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: PD () Delete
Name: PROCIDA, ROBERT
Address: 10002 WILLIAMS RD.
City-St-Zip: TAMPA, FL 33624

Title: VPD () Delete
Name: LEIBLING, ARTHUR
Address: 146 EIGHTH AVENUE NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: LAN RENEE AMBOY BILL, ER
Address: 1002 WILLIAMS ROAD
City-St-Zip: TAMPA, FL 33624

Title: S () Delete
Name: LINDSY, LISA
Address: 5005 BARLOWE PLACE
City-St-Zip: TAMPA, FL 34695

Title: T () Delete
Name: RABB, HARRY
Address: 28163 US 19 NO., STE. 204
City-St-Zip: CLEARWATER, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LAN RENEE AMBOY BILL, ER
Address: 10002 WILLIAMS ROAD
City-St-Zip: TAMPA, FL 33624

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: LISA LINDSAY

VP

04/02/2009

Electronic Signature of Signing Officer or Director

Date