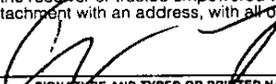


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90058 004 ***150.00

DOCUMENT # P29181					
1. Entity Name CHEM NUT, INC.					
Principal Place of Business 800 BUSINESS PARK DRIVE LEESBURG, GA 31763			Mailing Address PO BOX 3706 ALBANY, GA 31706		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-1205186	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POPPELL, JR., JOSEPH C 319 E TROPNELL PLANT CITY, FL 33566			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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORBETT, HOWARD		NAME	Ralph Evans	
STREET ADDRESS	PO BOX 3706		STREET ADDRESS	P.O. Box 1264 Douglas, GA 31533	
CITY-ST-ZIP	ALBANY, GA 31706		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOWLER, GREG		NAME	Jack Powell	
STREET ADDRESS	PO BOX 3706		STREET ADDRESS	217 US 13N Windsor, NC 27983	
CITY-ST-ZIP	ALBANY, GA 31706		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, FONNIE		NAME	Gordon Sumner	
STREET ADDRESS	PO BOX 3706		STREET ADDRESS	P.O. Box 809 Sylvester, GA 31791	
CITY-ST-ZIP	ALBANY, GA 31706		CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEALD, FRED		NAME	Jimbo Liipfert	
STREET ADDRESS	710 BROWARD STREET		STREET ADDRESS	P.O. Box 91 Marshallville, GA 31057	
CITY-ST-ZIP	IMMOKALEE, FL 34142		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, KEITH		NAME	Edd Powell.	
STREET ADDRESS	PO BOX 3706		STREET ADDRESS	P.O. Box 86 Omega, GA 31775	
CITY-ST-ZIP	ALBANY, GA 31706		CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLLAR, TOMMY		NAME	Leo Phillips	
STREET ADDRESS	PO BOX 68		STREET ADDRESS	P.O. Box 192 Cochran, GA 31014	
CITY-ST-ZIP	BAINBRIDGE, GA 31717		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an address, with all other like empowered.					
SIGNATURE: 		Keith Thomas, CFO 1/20/06		229-841-7050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

00000000



01192006 Chg-P CR2E034 (11/05)

4. FEI Number 58-1205186 Applied For Not Applicable

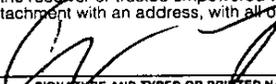
5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 SIGNATURE:  Keith Thomas, CFO 1/20/06 229-841-7050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

CNI

10008923
#P29181

CHEM NUT, INC.

P.O. Box 3706 Albany, GA 31706 229-883-7050

www.chemnut.com

DIR
Brinson Lanier
P. O. Box 857
Metter, GA 30439

XX- Add

DIR
Jerry Bellar
1 Mile W. HWY 70
Earth, TX 79031

XX- Add

DIR
Keith Davis
194 Will Duke
Wauchula, FL 33873

XX- Add