

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29181

FILED
Mar 26, 2009
Secretary of State

Entity Name: CHEM NUT, INC.

Current Principal Place of Business:

800 BUSINESS PARK DRIVE
LEESBURG, GA 31763

New Principal Place of Business:

Current Mailing Address:

PO BOX 3706
ALBANY, GA 31706

New Mailing Address:

FEI Number: 58-1205186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POPPELL, JR., JOSEPH C
319 E TROPNELL
PLANT CITY, FL 33566 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: PRES () Delete
Name: CORBETT, HOWARD
Address: PO BOX 3706
City-St-Zip: ALBANY, GA 31706

Title: VP () Delete
Name: FOWLER, GREG
Address: PO BOX 3706
City-St-Zip: ALBANY, GA 31706

Title: VP () Delete
Name: SMITH, FONNIE
Address: PO BOX 3706
City-St-Zip: ALBANY, GA 31706

Title: DIR () Delete
Name: HEALD, FRED
Address: 710 BROWARD STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: CFO () Delete
Name: THOMAS, KEITH
Address: PO BOX 3706
City-St-Zip: ALBANY, GA 31706

Title: DIR () Delete
Name: DOLLAR, TOMMY
Address: PO BOX 68
City-St-Zip: BAINBRIDGE, GA 31717

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:

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 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: KEITH THOMAS

CFO

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date