


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000016268 1. Entity Name ULTIMATE CHEMICAL SERVICES, INC.	
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Principal Place of Business 17671 BRIDLE LN JUPITER, FL 33478	Mailing Address 17671 BRIDLE LN JUPITER, FL 33478
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DO NOT WRITE IN THIS SPACE

01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0391555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHRISTENSEN, ROBERT G
17671 BRIDLE LN
JUPITER, FL 33478**

**DO NOT WRITE
IN THIS SPACE**

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 *Robert G. Christensen* DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000044554 02/11/04-80025-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTENSEN, DON 17671 BRIDLE LN JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTENSEN, ROBERT G 17671 BRIDLE LN JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: *Robert G. Christensen* **2-5-04 863-467-0932**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #