


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90012 024 ***150.00

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DOCUMENT # P93000024858			
1. Entity Name CHEMSURE, INC.			
Principal Place of Business 3600 S STATE ROAD 7 SUITE 11 MIRAMAR, FL 33023		Mailing Address 3600 S STATE ROAD 7 SUITE 11 MIRAMAR, FL 33023	
2. Principal Place of Business 19600 E. St. Andrews Dr.		3. Mailing Address 19600 E. St. Andrews Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah FL		City & State Hialeah, FL	
Zip 33015		Zip 33015	
Country USA		Country USA	
4. FEI Number 65-0399036		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPENCER, DOUGLAS E 3600 S STATE ROAD 7 #11 MIRAMAR, FL 33023		7. Name and Address of New Registered Agent Name: Spencer, Douglas E. Street Address (P.O. Box Number is Not Acceptable): 19600 E. St. Andrews Drive City: Hialeah FL Zip Code: 33015	
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: Douglas E. Spencer (NOTE: Registered Agent signature required when reinstating) DATE: 1/10/05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD SPENCER, DOUGLAS E 19600 E ST ANDREWS DR HIALEAH, FL <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 an address, with all other like empowered.			
SIGNATURE: Douglas E. Spencer		Date: 1/10/05 (954) 987-4700	