


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90053 010 ***150.00

DOCUMENT # P93000051423		
1. Entity Name CHLOROTECH SYSTEMS, INC.		
Principal Place of Business 7098 BAYFRONT ROAD COCOA, FL 32959-4364 32927		Mailing Address P.O. BOX 1354 SHARPES, FL 32959-1354
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KLINE, MARVIN G 7098 BAYFRONT ROAD COCOA, FL 32927		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINE, SAMMYE J 7098 BAYFRONT RD COCOA, FL 32927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, GWENDOLEN A. 7094 BAYFRONT ROAD COCOA, FL 32927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Gwen Butler</u>		Date: <u>2-8-05</u> Daytime Phone #: <u>321-636-2188</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>

50014306



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3207599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required