

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000066243

1. Entity Name
CHEMICAL STANDARDS LABORATORY, INC.



Principal Place of Business
13285 62ND ST.
CLEARWATER, FL 33760 US

Mailing Address
P O BOX 281
LARGO, FL 33779-0281 US

FILED
Apr 03, 2006 08:00 AM
Secretary of State



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3335432	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAINES, WILLIAM E.
13285 62ND ST N
CLEARWATER, FL 33760

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HAINES, WILLIAM 13285 62ND ST N CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHEELER, ROBERT L 823A GULF BLVD E INDIAN ROCK BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAINES, JUDITH L 1806 SUNRISE BLVD CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10000007489113
04/14/06-80021-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Judith L. Haines*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH L. HAINES STD

3/18/06

727-530-5615

Date

Daytime Phone #