
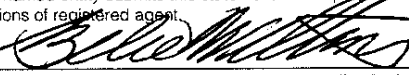
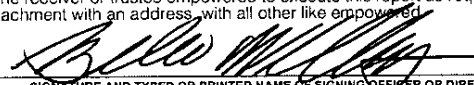


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2006 8:00 am**  
**Secretary of State**

05-18-2006 90015 012 \*\*\*150.00

<b>DOCUMENT # P96000028690</b> 1. Entity Name <b>CHEMSTRAND TRAILER PARK, INC.</b>					
Principal Place of Business <b>10021 CHEMSTRAND ROAD</b> <b>PENSACOLA, FL 32514 US</b>			Mailing Address <b>P.O. BOX 756</b> <b>GULF BREEZE, FL 32562</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
5122006      Chg-P      CR2E034 (11/05)				4. FEI Number <b>59-3371856</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, ELAINE</b> <b>505 JAMES RIVER RD.</b> <b>GULF BREEZE, FL 32561</b>			7. Name and Address of New Registered Agent Name <b>WILLIAMS, BELIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>505 JAMES RIVER RD.</b> City <b>GULF BREEZE</b> <b>FL</b> Zip Code <b>32561</b>		
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  (NOTE: Registered Agent signature required when reinstating)      DATE _____ <b>BELIE WILLIAMS, PRESIDENT</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS WILLIAMS, ELAINE 505 JAMES RIVER RD. GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS WILLIAMS, BELIE 505 JAMES RIVER RD. GULF BREEZE, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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: 		Date <b>850 932-4737</b> Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Belie Williams, President</b>					