## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 12, 2005 08:00 AM DOCUMENT # P97000105025 **Secretary of State** 1. Entity Name CHEMTECH ENGINEERING, INC. Principal Place of Business Mailing Address 8355 PALM LAKES COURT 8355 PALM LAKES COURT SARASOTA, FL 34243 SARASOTA, FL 34243 02092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3489530 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUCAS, BART S DO NOT WRITE 8355 PALM LAKES COURT SARASOTA, FL 34243 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME LUCAS, BART S 100000227750 STREET ADDRESS 8355 PALM LAKES COURT 02/14/05-80011-016 158, 75 CITY-ST-ZIP SARASOTA, FL 34243 TITLE LUCAS, CINDY L NAME STREET ADDRESS 8355 PALM LAKES COURT CITY-ST-ZIP SARASOTA, FL 34243 NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ENATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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