


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90322 038 ***158.75

DOCUMENT # P99000001498		
1. Entity Name CHEMICAL VENDING, INC.		

Principal Place of Business 464 SE 61ST COURT OCALA, FL 34472	Mailing Address 464 SE 61ST COURT OCALA, FL 34472
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40071837

2. Principal Place of Business 1521 N. MAGNOLIA AVE Suite, Apt. #, etc.	3. Mailing Address PO DRAWER 490 Suite, Apt. #, etc.
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01272006 Chg-P CR2E034 (11/05)

City & State OCALA, FL	City & State SILVER SPRINGS, FL
Zip 34475-082	Zip 34489-0490
Country U.S.	Country U.S.

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAVANAUGH, JIMMY E 464 SE 61ST COURT OCALA, FL 34472	7. Name and Address of New Registered Agent Name WILLIAM HARPER Street Address (P.O. Box Number is Not Acceptable) 1521 N MAGNOLIA AVE City OCALA FL Zip Code 34475-082
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIS, WILLIAM L 6400 NE 22ND CT OCALA, FL 34479 <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 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: William Willis (Pres.) William Willis / 3/1/06 (352)-622-9244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #