

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000078942

Entity Name: CHEMICAL DELIVERY, INC.

FILED  
Apr 20, 2009  
Secretary of State

**Current Principal Place of Business:**

1464 STONE TRAIL  
ENTERPRISE, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4164  
ENTERPRISE, FL 32725 US

**New Mailing Address:**

FEI Number: 65-0946100      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLACKBURN, DAVID  
1464 STONE TRAIL  
ENTERPRISE, FL 32725 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: BLACKBURN, TAMMY  
Address: 1464 STONE TRAIL  
City-St-Zip: ENTERPRISE, FL 32725

Title: VP ( ) Delete  
Name: BLACKBURN, DAVID R  
Address: 1464 STONE TRAIL  
City-St-Zip: ENTERPRISE, FL 32725

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY BLACKBURN

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04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date