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2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						FILED				
DOCUMENT # S00547 1. Entity Name CHEM-PRO CORP.						Apr 18, 2005 08:00 AM Secretary of State				
				1/3	2011					
Principal Plac	ce of Business	Mailing	Address				•		-	=
14220 NE 18TH AVE NORTH MIAMI FL 33181 US		14220 NE 18TH AVE NORTH MIAMI FL 33181 US				ibilalıd ili Thill austal Mircs alalı	1 1861 218 11 218 11 418 11 :	Slum slutt Sik	iiinat 21 18ai	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt #, etc.		Suite, Apt #, etc			1.	st MOORE	CR2E034 (1	0/04)		
City & State		City & State				4. FEI Number 65-0222155 Applied For Not Applied For				
Zip	Country	Zip		Country		5. Certificat	te of Status Desired		.75 Add Require	
	6. Name and Address of Curre	nt Registered	Agent	- (11) F No.		7. Name an	d Address of New F	legistered Age	nt	
LANEY, ROBERT G. 14220 NE 18TH AVE NORTH MIAMI FL 33181				Stre		P.O. Box Num	ber is Not Acceptable	e)		—·
				City		<u> </u>		FL	Zip Code	
8. The above the obliga	named entity submits this statement tions of registered agent.	for the purpo	se of changing its	registered offic	e or register	red agent, or b	oth, in the State of Flo	orida I am fam	liar with,	and accep
SIGNATURE			· · · · · · · · · · · · · · · · · · ·							
	Signature, typed or printed name of registered agr	ont and title if applic	able (NOTE	E Registered Agent s	ignature required	i when reinstaling)	1	DATE		
FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of St							9. Election Campa Trust Fund Cor			00 May Bed to Fees
10.	OFFICERS AN	D DIRECTOR	s .,	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DI	ECTORS	5 IN 1 i
IIILE	D		Delete	liIt€			ប្រធានាការបារ	1400	Change	Addition
NAME	LANEY, ROBERT G.			NAME			000000031 04/18/05-80	1400 047-008	ເດັດ	3
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CITY STATE				STREET ADDRES	55					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 cath, 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: X

INATORE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Plione #