


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 15, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # V31931**  
1. Entity Name  
CHEMATICS OF THE SOUTH, INC.



Principal Place of Business 166 CENTER STREET CAPE CANAVERAL, FL 32920	Mailing Address 166 CENTER STREET CAPE CANAVERAL, FL 32920
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**DO NOT WRITE IN THIS SPACE**



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2960272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
COLEMAN, CHRISTOPHER J ESQ  
1290 FED HWY  
ROCKLEDGE, FL 32855

**DO NOT WRITE  
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.  
  
SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD EMORY, JAMES E 5120 PINTAIL LANE MERRITT ISLAND, FL 32953
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04/15/05-80081-008 150.00

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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 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:** JAMES E. EMORY 4-12-05 3217830198  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #