

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUN 20 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302008 No Chg-P CR2E034 (11/05)

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

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



Principal Place of Business 4805 N. COURTNAY PKWY. MERRITT ISLAND, FL 32953	Mailing Address 4805 N. COURTNAY PKWY. MERRITT ISLAND, FL 32953
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**COLEMAN, CHRISTOPHER J ESQ
1311 BEDFORD DRIVE
MELBOURNE, FL 32940**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P PARLAPIANO, JOSEPH H 5595 HIDDEN HOLLOW DRIVE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCARA, ROBERT C 580 HIDDEN HOLLOW DRIVE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARKER, KERRI B 85 S. ATLANTIC AVENUE #502 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

06/24/08--01002--016 **185.00
700131633767
06/24/08--01002--016 **185.00

DO NOT WRITE IN THIS SPACE

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: _____ **5-6-08** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS