



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90271 003 \*\*\*150.00

<b>DOCUMENT # V33845</b> 1. Entity Name <b>CHEM/GUARD, INC.</b>					
Principal Place of Business <b>2159 NW 23RD BLVD</b> <b>JENNINGS, FL 32053-0049</b>			Mailing Address <b>P.O. BOX 49</b> <b>JENNINGS, FL 32053-0049</b>		
2. Principal Place of Business <b>1465 ELKCAM BLVD</b> Suite, Apt. #, etc. <b>DELTONA, FLORIDA</b> City & State		3. Mailing Address <b>1465 ELKCAM BLVD</b> Suite, Apt. #, etc. <b>DELTONA, FLORIDA</b> City & State			
Zip <b>32725-3733</b>		Country <b>USA</b>		4. FEI Number <b>59-3143699</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>MCCULLOUGH, BETTYE S.</b> <b>2159 NW 23RD BLVD</b> <b>JENNINGS, FL 32053-0049</b>		7. Name and Address of New Registered Agent Name <b>MCCULLOUGH, BETTYE S.</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1465 ELKCAM BLVD</b> City <b>DELTONA, FL</b> Zip Code <b>32725-3733</b>			
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLOUGH, BETTYE S. 2159 NW 23RD BLVD JENNINGS, FL 320530049	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLOUGH, DAVID H. 821 CHEROKEE CIRCLE SANFORD, FL 32773	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE: <i>Bettye S McCullough</i></b> <b>April 19, 2004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					