


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # J78091
 1. Entity Name
SAFE CHEM, INC.



Principal Place of Business 5833 MAGGIORE TR P.O. BOX 1237 ZELLWOOD, FL 32798	Mailing Address 5833 MAGGIORE TR P.O. BOX 1237 ZELLWOOD, FL 32798
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05202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2847679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILSON, BARRY L
5833 MAGGIORE TR.
ZELLWOOD, FL 32798

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 \$550.00
Due by September 7, 2005

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 WILSON, BARRY L. 5833 MAGGIORE TRAIL ZELLWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, LINDA P 5833 MAGGIORE TRAIL ZELLWOOD, FL 32798
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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)(f), 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: Leida Wilson 5/23/05 407/880-2879
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE AND PHONE NUMBER