

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J78091

**Entity Name:** SAFE CHEM, INC.

**Current Principal Place of Business:**

5833 MAGGIORE TR  
ZELLWOOD, FL 32798

**Current Mailing Address:**

5833 MAGGIORE TR  
P.O. BOX 1237  
ZELLWOOD, FL 32798

**FEI Number:** 59-2847679

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILSON, BARRY L  
5833 MAGGIORE TR.  
ZELLWOOD, FL 32798 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name WILSON, BARRY L.  
Address 5833 MAGGIORE TRAIL  
City-State-Zip: ZELLWOOD FL

Title S  
Name WILSON, LINDA P  
Address 5833 MAGGIORE TRAIL  
City-State-Zip: ZELLWOOD FL 32798

Title VP  
Name WILSON, NATHAN A  
Address 5833 MAGGIORE TRAIL  
City-State-Zip: ZELLWOOD FL 32798

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARRY WILSON

**PRESIDENT**

**03/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date