

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 29, 2007 08:00 AM
Secretary of State**



DOCUMENT # F97000001027
 1. Entity Name
KENDALL CHEMICAL COMPANY, INC.

Principal Place of Business 1303 INDUSTRIAL BLVD. ROYSE CITY TX 75189	Mailing Address 1303 INDUSTRIAL BLVD. ROYSE CITY TX 75189
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

1st MOORE CR2E034 (10/06)

4. FEI Number 75-1725751	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name	City
Street Address (P.O. Box Number is Not Acceptable)	
FL Zip Code	

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, 2007 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input type="checkbox"/> Delete
NAMI	KENDALL, KENNETH E	
STREET ADDRESS	1303 INDUSTRIAL BLVD.	
CITY-STATE-ZIP	ROYSE CITY TX 75189	
TITLE	VSD	<input type="checkbox"/> Delete
NAMI	KENDALL, PATSY	
STREET ADDRESS	1303 INDUSTRIAL BLVD.	
CITY-STATE-ZIP	ROYSE CITY TX 75189	
TITLE		<input type="checkbox"/> Delete
NAMI		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAMI		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAMI		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAMI		
STREET ADDRESS	U00000608034	
CITY-STATE-ZIP	01/31/07-80054-006 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAMI		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAMI		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAMI		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplementary report, 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