2007 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

Mar 06, 2007 08:00 A DOCUMENT # J57936 Secretary of State 1. Entity Name BIO-CHEM CLEANING SERVICE, INC. Principal Place of Business Mailing Address 2912-6 CRESCENT DR P O BOX 13384 TALLAHASSEE FL 32301 TALLAHASSEE FL 32317 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc CR2E034 (10/06) 1st MOORE City & State City & State 4. FEI Number Applied For 59-2808365 Not Applicable 7in Žip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo THOMPSON, JAMES L III Street Address (P.O. Box Number is Not Acceptable) 2425 MILLCREEK COURT SUITE 1 TALLAHASSEE FL 32308 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2007 Fee Will Be \$550.00 / . Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. IIILE □ Change Addition Delete TITLE THOMPSON, JAMES L III U00000857445 2425 MILLCREEK COURT, SUITE 1 03/14/07-80068-015 150.00 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP TITEF ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STRIFET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change TITLE ■ Addition STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-SI-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP TITLE ☐ Deleie ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-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 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.

Wa

SIGNATURE:

3-5-07

FILED