

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90018 003 ***150.00

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1. Entity Name

FLORIDA CHEMICAL COMPANY, INC.



Principal Place of Business

351 WINTERHAVEN BLVD NE
WINTER HAVEN FL 33881
US

Mailing Address

351 WINTERHAVEN BLVD NE
WINTER HAVEN FL 33881
US

50012148



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0530833

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULZ, PAUL
351 WINTER HAVEN BLVD NE
WINTER HAVEN FL. FL 33881

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE V ☐ Delete
NAME HARDY, CARLA S
STREET ADDRESS 918 ALBA DR
CITY-ST-ZIP ORLANDO FL 32804

TITLE V ☐ Delete
NAME SCHULZ, LAURA
STREET ADDRESS 4 MOUNT VERON PLACE
CITY-ST-ZIP ASHEVILLE NC 28804

TITLE PD ☐ Delete
NAME SCHULZ, PAUL W.
STREET ADDRESS 351 WINTER HANE SBLVD NE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ST ☒ Delete
NAME SCHULZ, CAROLE A
STREET ADDRESS 351 WINTER HAVEN BLVD NE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE SD ☐ Delete
NAME SNIVELY, JOSHUA A
STREET ADDRESS 351 WINTER HAVEN BLVD., NE
CITY-ST-ZIP WINTER HAVEN FL 33881-9432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Hardy, Carla S.
STREET ADDRESS 1111 Bryn Mawr Street
CITY-ST-ZIP Orlando, FL 32804

TITLE D ☒ Change ☐ Addition
NAME Bourne, Laura G
STREET ADDRESS 138 Cambridge Road
CITY-ST-ZIP Asheville, NC 28804

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #