

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90024 037 ***150.00

DOCUMENT # 143473	
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
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50000688



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

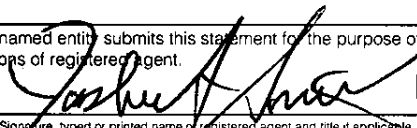
01092007 Chg-P CR2E034 (12/06)

4. FEI Number 59-0530833	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHULZ, PAUL JOSHUA SNIVELY 351 WINTER HAVEN BLVD NE WINTER HAVEN FL., FL 33881	
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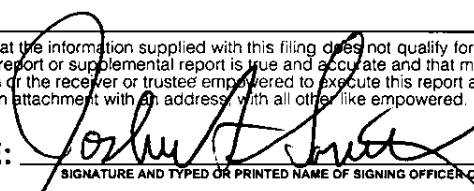
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 	JOSHUA A. SNIVELY DATE 1/10/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, CARLA S 1111 BRYN MAWR STREET ORLANDO, FL 32804 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURNE, LAURA S 138 CAMBRIDGE ROAD ASHEVILLE, NC 28804 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D SCHULZ, PAUL W. 351 WINTER HAVEN BLVD NE WINTER HAVEN, FL 33881 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PD SNIVELY, JOSHUA A 351 WINTER HAVEN BLVD., NE WINTER HAVEN, FL 338819432 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.	
SIGNATURE: 	JOSHUA A. SNIVELY DATE 1/10/07 Daytime Phone # 863-294-8483