## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 347268**

Entity Name: SURFACE CHEMISTS OF FLORIDA INC

FILED Apr 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1303 PARK LANE SOUTH JUPITER, FL 33458 **Current Mailing Address: New Mailing Address:** 1303 PARK LANE SOUTH JUPITER, FL 33458 FEI Number: 59-1265416 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUDSON, ALICE P 1303 PARK LANE SOUTH JUPITER, FL 33458 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition HUDSON, DONALD E., Name: Name: 184 SIMS CREEK LANE Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MAYANS, STEVEN A. ESQ. Name: 515 N. FLAGLER DR. SUITE 900 Address: Address: W. PALM BEACH, FL 33401 City-St-Zip: City-St-Zip: Title: Title: PD ( ) Delete () Change () Addition HUDSON, ALICE, Name: Name: 184 SIMS CREEK LANE Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: ( ) Delete Title: () Change () Addition HIMPLER, HILARY Name: Name: Address: 29 CRESCENT ROAD Address: City-St-Zip: PORT WASHINGTON, NY 11050 City-St-Zip: Title: DS Title: () Delete () Change () Addition CARTER, MARTHA Name: Name: 4127 COTTONWOOD AVE Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: Title: () Delete Title: () Change () Addition LYNCH, TERRENCE Name: Name: 32 FOURWINDS RD Address: N6D 3L2 Address: City-St-Zip: City-St-Zip: LONDON, ONT. CANADA.

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALICE P. HUDSON PD 04/12/2007