

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 347268

FILED
Apr 10, 2008
Secretary of State

Entity Name: SURFACE CHEMISTS OF FLORIDA INC

Current Principal Place of Business:

1303 PARK LANE SOUTH
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

1303 PARK LANE SOUTH
JUPITER, FL 33458

New Mailing Address:

FEI Number: 59-1265416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUDSON, ALICE P.
1303 PARK LANE SOUTH
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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:

Title: V () Delete
Name: HUDSON, DONALD E.,
Address: 184 SIMS CREEK LANE
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: MAYANS, STEVEN A. ESQ.
Address: 515 N. FLAGLER DR. SUITE 900
City-St-Zip: W. PALM BEACH, FL 33401

Title: PD () Delete
Name: HUDSON, ALICE,
Address: 184 SIMS CREEK LANE
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: HIMPLER, HILARY
Address: 29 CRESCENT ROAD
City-St-Zip: PORT WASHINGTON, NY 11050

Title: DS () Delete
Name: CARTER, MARTHA
Address: 4127 COTTONWOOD AVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: LYNCH, TERRENCE
Address: 32 FOURWINDS RD N6D 3L2
City-St-Zip: LONDON, ONT. CANADA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 HUDSON

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date