

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 435472
 1. Entity Name
OCEAN BIO-CHEM, INC.



Principal Place of Business Mailing Address
4041 SW 47 AVE. **4041 SW 47 AVE.**
FT. LAUDERDALE, FL 33314 **FT. LAUDERDALE, FL 33314**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1564329	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DORNAU, PETER G
4041 SW 47 AVE.
FT. LAUDERDALE, FL 33314

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANCHEL, EDWARD 4041 SW 47TH AVENUE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIEGER, JEFFREY 4041 SW 47TH AVE. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DORNAU, PETER 4041 SW 47 AVE FT LAUDERDALE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/20/06-80036-002 150.00

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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 another like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR