

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # 435472

1. Entity Name
OCEAN BIO-CHEM, INC.



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

Mailing Address
4041 SW 47 AVE.
FT. LAUDERDALE, FL 33314



01152007 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 ☐ **\$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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IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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04/30/07-80060-008 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Dornau

1/15/07

Date

954-587-6280

Daytime Phone #