

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 833865

1. Entity Name
HYDRON TECHNOLOGIES, INC.



Principal Place of Business

2201 W SAMPLE RD
BLDG 9 SUITE 7B
POMPANO BEACH, FL 33073 US

Mailing Address

2201 W SAMPLE RD
BLDG 9 SUITE 7B
POMPANO BEACH, FL 33073 US



01082004

No Chg-P

CR2E034 (10/03)

4. FEI Number
13-1574215

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAUBY, WILLIAM A
2201 W SAMPLE RD BLDG 9 STE7B
POMPANO BEACH, FL 33073

DO NOT WRITE
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BANAKUS, RICHARD
STREET ADDRESS 2201 W SAMPLE RD BLDG 9 STE 7B
CITY-ST-ZIP POMPANO BEACH, FL 33073

TITLE D
NAME ROCHLIN, JOSHUA
STREET ADDRESS 1365 MILFORD TERRACE
CITY-ST-ZIP TEANACK, NJ 07666

TITLE D
NAME GRAY, KAREN
STREET ADDRESS PO BOX 418
CITY-ST-ZIP CUTCHAGNE, NY 11935

TITLE D
NAME SAUL, RONALD
STREET ADDRESS 3999 BENDEN DR
CITY-ST-ZIP MURRYSVILLE, PA 15668

TITLE COO
NAME MCGRATH, TERRENCE S
STREET ADDRESS 2201 W SAMPLE RD BLDG 9
CITY-ST-ZIP POMPANO BEACH, FL 33073

TITLE CFO
NAME LAUBY, WILLIAM A
STREET ADDRESS 2201 W SAMPLE RD BLDG 9 SUITE 7B
CITY-ST-ZIP POMPANO BEACH, FL 33073

DO NOT WRITE
IN THIS SPACE

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01/13/04-80065-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William A. Lauby* William A. Lauby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/04 954-861-6400