

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 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**



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-1574215

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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, 2005 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
**PD
BANAKUS, RICHARD
2201 W SAMPLE RD BLDG 9 STE 7B
POMPANO BEACH, FL 33073**

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
MCGRATH, TERENCE S
2201 W SAMPLE RD BLDG9 7B
POMPANO BEACH, FL 33073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
LAUBY, WILLIAM A
2201 W SAMPLE RD BLDG9 SUITE7B
POMPANO BEACH, FL 33073**

**DO NOT WRITE
IN THIS SPACE**

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 807, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/05
Date

954-861-6401
Daytime Phone #