

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833865

FILED
Mar 19, 2009
Secretary of State

Entity Name: HYDRON TECHNOLOGIES, INC.

Current Principal Place of Business:

4400 34TH STREET NORTH
SUITE F
ST. PETERSBURG, FL 33714 US

New Principal Place of Business:

Current Mailing Address:

4400 34TH STREET NORTH
SUITE F
ST PETERSBURG, FL 33714 US

New Mailing Address:

FEI Number: 13-1574215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLOCK, DAVID
4400 34TH STREET NORTH
SUITE F
ST PETERSBURG, FL 33714 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: D () Delete
Name: BANAKUS, RICHARD
Address: 4400 34TH ST NORTH, SUITE F
City-St-Zip: ST PETERSBURG, FL 33714

Title: CEO () Delete
Name: POLLOCK, DAVID
Address: 4400 34TH STREET NORTH, SUITE F
City-St-Zip: ST PETERSBURG, FL 33714

Title: D () Delete
Name: GRAY, KAREN
Address: PO BOX 418
City-St-Zip: CUTCHAGNE, NY 11935

Title: D () Delete
Name: SAUL, RONALD
Address: 3999 BENDEN DR
City-St-Zip: MURRYSVILLE, PA 15668

Title: EVP () Delete
Name: REITZ, DOUGLAS
Address: 4400 34TH STREET NORTH, SUITE F
City-St-Zip: ST. PETERSBURG, FL 33714

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
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: RONALD SAUL

D

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date