

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90001 042 ***150.00

DOCUMENT # F00000001797 1. Entity Name PLYMOUTH CHEMICAL CO, INC.			
Principal Place of Business 2653 SW 23RD GRANBROOK DR BOYNTON BEACH, FL 33436		Mailing Address 2653 SW 23RD GRANBROOK DR BOYNTON BEACH, FL 33436	
2. Principal Place of Business 2653 SW 23rd Cranbrook Dr Suite, Apt. #, etc.		3. Mailing Address 2653 SW 23rd Cranbrook Dr Suite, Apt. #, etc.	
City & State Boynton Beach FL Zip 33436		City & State Boynton Beach FL Zip 33436	
4. FEI Number 22-2282924		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMMONS, TODD 2653 SE CRANBROOK DR BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent Name SIMMONS, TODD Street Address (P.O. Box Number Not Acceptable) 2653 SW 23rd Cranbrook Dr City Boynton Beach FL Zip Code 33436	
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: <u>Todd Simmons</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMMONS, TODD 2053 SW 23RD CRANBROOK DR BOYNTON BEACH, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2653 SW 23rd Cranbrook Dr.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMMONS, MARY D 2653 SW 23RD CRANBROOK DR BOYNTON BEACH, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Todd Simmons</u> <u>Todd Simmons</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/4/05 (561)731-4321 <small>Date Day-Late Phone #</small>	