2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F00000001797

1. Entity Name
PLYMOUTH CHEMICAL CO, INC.

Principal Place of Business	Mailing Address
2653 SW 23RD CRANBROOK DR BOYNTON BEACH, FL 33436	2653 SW 23RD CRANBROOK DR BOYNTON BEACH, FL 33436

DO NOT WRITE IN THIS SPACE

01052006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
22-2282924	Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS, TODD
2653 SE CRANBROOK DR
BOYNTON BEACH, FL 33436

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, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIMMONS, TODD
STREET ADDRESS	2653 SW 23RD CRANBROOK DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE	S
NAME	SIMMONS, MARY D
STREET ADDRESS	2653 SW 23RD CRANBROOK DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000390920
01/11/06-80032-017 150.00

DO NOT WRITE
IN THIS SPACE

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: _Todd Simmons_ TODD SIMMONS   1/5/06   (561) 731-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #