

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000005154

1. Entity Name
POLYDYNE INC.



Principal Place of Business
ONE CHEMICAL PLANT ROAD
RICEBORO, GA 31323

Mailing Address
P.O. BOX 279
RICEBORO, GA 31323



07102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1810283

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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

000000768594
07/19/07-80007-015 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NICHOLS, PETER ONE CHEMICAL PLANT ROAD RICEBORO, GA 31323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CARLSON, JAMES R ONE CHEMICAL PLANT ROAD RICEBORO, GA 31323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICH, RENE 41 RUE JEAN HUSS SAINT ETIENNE, FRANCE.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SCHLAG, MARK ONE CHEMICAL PLANT ROAD RICEBORO, GA 31323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Schlage

07-10-07

912-884-8784