

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001363

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: NATURCHEM, INC.

**Current Principal Place of Business:**

270 BRUNER RD  
LEXINGTON, SC 29072

**New Principal Place of Business:**

**Current Mailing Address:**

270 BRUNER RD  
LEXINGTON, SC 29072

**New Mailing Address:**

FEI Number: 57-0851059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACLAREN, JOHN  
4134 HWY. 441 S  
LAKE CITY, FL 32025 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: P ( ) Delete  
Name: KELLIS, ROM D III  
Address: 1130 SHULL ISLAND ROAD  
City-St-Zip: GILBERT, SC 29054

Title: SVP ( ) Delete  
Name: JOHNSON, KENNETH  
Address: 340 LEWIE ROAD  
City-St-Zip: GILBERT, SC 29054

Title: VP ( ) Delete  
Name: KELLIS, ROM D IV  
Address: 460 LAUREL ROAD  
City-St-Zip: LEXINGTON, SC 29073

Title: S/TR ( ) Delete  
Name: HIPES, JACKIE D  
Address: 222 BRONLOW DRIVE  
City-St-Zip: IRMO, SC 29063

Title: VP ( ) Delete  
Name: KELLIS, WAYNE C  
Address: 511 ALCOVY LAKES DRIVE  
City-St-Zip: MONROE, GA 30655

Title: VP ( ) Delete  
Name: HOOK, BRYAN  
Address: 400 SANDY POINT ROAD  
City-St-Zip: LEXINGTON, SC 29072

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: KELLIS, ROM D IV  
Address: 110 ROCKY COVE COURT  
City-St-Zip: LEXINGTON, SC 29072

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: JACKIE D. HIPES

S/TR

01/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date