

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001363

Entity Name: NATURCHEM, INC.

FILED
Jan 29, 2009
Secretary of State

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