

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G82808**

1. Entity Name  
**REGENCY CHEMICAL CORPORATION**



Principal Place of Business  
**5515 CHAPARRAL LN  
 HOLIDAY FL 34690  
 US**

Mailing Address  
**P O BOX 3158  
 HOLIDAY FL 34692  
 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-2375380**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, RANDY  
 8608 WOODBRIDGE DR  
 NEW PORT RICHEY FL 34655**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007 Fee Will Be \$550.00  
 Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP	<b>YOUNG, RANDY 8608 WOODBRIDGE DR NEW PORT RICHEY FL</b>	
NAME STREET ADDRESS CITY-STATE-ZIP	<b>VS YOUNG, DONNA P. 8608 WOODBRIDGE DR NEW PORT RICHEY FL</b>	
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP		
		<b>U00000701567 04/20/07-80060-021 150.00</b>
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-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 exemptions contained in Section 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:

*Randy Young*  
**Randy Young**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #