## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Jan 10, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # J54120 BAL CHEMICAL FEEDER,	INC.				01-10-2007	90031 0.	5513	0.00
Principal Place 4350 5TH ST VERO BEACH	TREET S.W.	Mailing Address 4350 5TH STREET S.W. VERO BEACH, FL 32968							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01052007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEI Number 65-0033				plied For t Applicable
Zıp	Country	Zip	Coun	itry	5. Certificate o	f Status Desired		8.75 Add ee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	tegistered A	gent	
BECHTOLD, GËRALD 4350 5TH STREET S.W. VERO BEACH, FL 32968				Name Street Address (P.O. Box Number is Not Acceptable)					
	. <b>1</b>	•		City			FL	Zip Code	9
FIL	Signahulis, sepad or printed mome of registered agor  E NOW!!! FEE IS \$150.00  By 1, 2007 Fee will be \$550	9. Election Camp.	aign Finar		5.00 May Be	, 4	DATE		
10.	OFFICERS ANI		44		A DEDITIONIS (	ULANOZO TO OCT	IOEDO ANO	DIOCOTOR	S 153 4.4
TITLE	VP OFFICERS ANI	DIRECTORS  Delete	11.		ADDITIONS/C	HANGES TO OFF		□ Change	Addition
NAME STREET ADDRESS CITY - STZIP	MAGLIO, MURRILL 5683 KUMQUAT ROAD WEST PALM BEACH, FL 3341		nam Stre					Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BECHTOLD, GERALD 4350 5TH STREET S.W. VERO BEACH, FL 32968	☐ Delete		i				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST_ZIP		☐ Deléte		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP		□ Delete		· ·				☐ Change	Addition
TITLE NAME STREET AUDRESS CHY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	entify that the information supplied w	☐ Delete	CITY	SE ADDRESS - ST- ZIP				Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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 SIGNATURE AND TYPED OR PRINTED NAME/OF SIGNING OFFICER OR DIRECTOR

Date

Department of the control of the composition of the control of the control of the control of the composition of the receiver or trustee and control of the co