## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 12, 2004 8:00 am Secretary of State

07-12-2004 90020 006 \*\*\*158.75 DOCUMENT # P00000002366 PURITY PRODUCTS, INC. Principal Place of Business Mailing Address 54061395 1800 NORTHWEST 70TH AVE **183 EAST COMMERCE STREET** BRIDGETON, NJ 08302 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 58-2514109 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 pame of registered agent and title if applicable (NOTE: Registered Agent signsture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10: OFFICERS AND DIRECTORS 11. PRESIDENT TITLE DC ☐ Delete TITLE Change Addition SCHROEDER, WILLIAM W NAME NAME STREET ADDRESS 376 WHEAT ROAD, SUITE D STREET ADDRESS VINELAND, NJ 083609601 CITY-ST-ZIP CITY-ST-ZIP **D**elete TITI F TITLE ☐ Change Addition POLLITT, DAVID NAME NAME 376 WHEAT ROAD, SUITE D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VINELAND, NJ 083609601 X Delete TITLE Change ☐ Addition TITLE HOOKER, ROBERT J NAME STREET ADDRESS 1800 NORTHWEST 70TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-7IP Delete TITLE Change Addition TITLE DEIOMA, DEBORAH NAME NAME 1811 S.E. 21ST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP AT TITLE Change Addition TITLE Delete HENRY, ROBERT NAME NAME STREET ADDRESS 21 AZALEA TRAIL STREET ADDRESS CITY-ST-ZIP WESTFIELD NJ 07090 CITY-ST-ZIP VΡ ☐ Delete TITLE Change Addition MCADAMS, BRIAN NAME NAME STREET ADDRESS 117 MAPLE AVENUE STREET ADDRESS CITY-ST-ZIP BALA CYNWYD, PA 19004 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 expecte 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:

My Grove VOI

WILLIAM SCHROEDER

305-592-3600

Daytime Phon