



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90089 005 ***150.00

DOCUMENT # P03000082461					
1. Entity Name ADVANTACHEM INC.					
Principal Place of Business 6301-D PELICAN CREEK CROSSING ST PETERSBURG, FL 33707			Mailing Address 6301-D PELICAN CREEK CROSSING ST PETERSBURG, FL 33707		
2. Principal Place of Business <i>Advantachem, Inc.</i> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <i>4400 34th Street North</i> <small>Suite, Apt. #, etc.</small>			
City & State 		City & State <i>St. Petersburg FL.</i>		4. FEI Number 20-0120291	
Zip 		Zip <i>33714</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REITZ, RICHARD D 6301-D PELICAN CREEK CROSSING ST. PETERSBURG, FL 33707			7. Name and Address of New Registered Agent Name <i>Advantachem, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>4400 34th Street North</i> City <i>St. Petersburg</i> FL Zip Code <i>33714</i>		
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 <i>R. Douglas Reitz</i> <i>R. Douglas Reitz</i> <i>April 27, 2005</i> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES POLLOCK, DAVID 6301-D PELICAN CREEK CROSSING ST. PETERSBURG, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Advantachem, Inc.</i> <i>4400 34th Street North</i> <i>St. Petersburg FL 33714</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing 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 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: <i>R. Douglas Reitz</i> <i>R. Douglas Reitz</i> <i>April 27, 2005</i> <i>727-344-1960</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					