

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90039 014 \*\*\*150.00

**DOCUMENT # P04000153720**

**1. Entity Name**  
**PURITY CHEMICAL TECHNOLOGIES, INC.**



**Principal Place of Business**

**1930 NW 70TH AVE  
MIAMI, FL 33126**

**Mailing Address**

**1930 NW 70TH AVENUE  
MIAMI, FL 33126**

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

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07022007

Chg-P

CR2E034 (12/06)

**4. FEI Number**

**20-1861039**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BLOUGH, EARL V  
6879 NW 27TH CT  
MARGATE, FL 33063**

**7. Name and Address of New Registered Agent**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **GILMORE, DONNA M**  
**STREET ADDRESS** **16 PELICAN DRIVE**  
**CITY-ST-ZIP** **WALPOLE, MA 02081**

**TITLE** **D** ☐ Delete  
**NAME** **BLOUGH, EARL W**  
**STREET ADDRESS** **6879 NW 27TH COURT**  
**CITY-ST-ZIP** **MARGATE, FL 33063**

**TITLE** **D** ☐ Delete  
**NAME** **PERRY, STEPHEN C**  
**STREET ADDRESS** **62 MT PLEASANT ST. REAR**  
**CITY-ST-ZIP** **RANDOLPH, MA 02368**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. I hereby certify that the information supplied with this filing 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:** *Earl V. Blough* **Earl V. Blough** **V.P./COO** **7/11/2007** **305-592-3606**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #