

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000004852

1. Entity Name
AMERICAN INDUSTRIAL CHEMICALS, INC.



Principal Place of Business
**5805 N 50TH ST
UNIT 75
TAMPA, FL 33610 US**

Mailing Address
**P.O. BOX 16798
TAMPA, FL 33687-6798 US**



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3161182

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EZELL, WILLIAM J
3149 FEATHERWOOD CT
CLEARWATER, FL 33759**

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE _____
Signature, type _____
(NOTE: Registered Agent signature required when reinstating) _____
DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | PD |
| NAME | EZELL, WILLIAM J |
| STREET ADDRESS | 3149 FEATHERWOOD CT |
| CITY-ST-ZIP | CLEARWATER, FL 33759 |
| TITLE | D |
| NAME | EZELL, DEBORAH A |
| STREET ADDRESS | 3149 FEATHERWOOD CT |
| CITY-ST-ZIP | CLEARWATER, FL 33759 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/01/05-80083-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W. J. Ezell W. J. EZELL (OWNER) 1-29-05 813-630-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #