


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90032 001 \*\*\*150.00

**DOCUMENT # P93000028465**

1. Entity Name  
**NORCHEM, INC.**



Principal Place of Business  
 985 SEAWAY DRIVE  
 FORT PIERCE, FL 34949


Mailing Address  
 985 SEAWAY DRIVE  
 FORT PIERCE, FL 34949

2. Principal Place of Business  
 Suite, Apt. #, etc.  
*Suite-A*

3. Mailing Address  
 Suite, Apt. #, etc.  
*Suite-A*

City & State  
 City & State

Zip Country Zip Country



01082004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0424926**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WOLSIEFER, JOHN SR.**  
 985 SEAWAY DR  
 FORT PIERCE, FL 34949

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, ARDEN 6450 ROCKSIDE WOODS SOUTH CLEVELAND, OH 44131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LALLEY, JOHN 6450 ROCKSIDE WOODS SOUTH CLEVELAND, OH 44131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WOLSIEFER, JOHN SR. 985 SEAWAY DR FORT PIERCE, FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Wolsiefer, John Sr. 985-A Seaway Drive Fort Pierce, FL 34949	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **2/5/04** (772) 468-6110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #