

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000023486

1. Entity Name
BIO CHEM INDUSTRIES, INC.



FILED
Apr 04, 2005 08:00 AM
Secretary of State

Principal Place of Business
15790 BENT CREEK ROAD
WELLINGTON, FL 33414

Mailing Address
15790 BENT CREEK ROAD
WELLINGTON, FL 33414



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0739025

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FELDMAN, MAL
15790 BENT CREEK RD
WELLINGTON, FL 33414

**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 registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P FELDMAN, PHYLLIS 15790 BENT CREEK ROAD WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, DEBORAH 15790 BENT CREEK ROAD WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELDMAN, MALCOLM 15790 BENT CREEK RD. WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000287081
04/04/05-80054-025 150.00

**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:

Malcolm Feldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MALCOLM FELDMAN

Date

1/5/05

Daytime Phone #

561-790-1166