

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90338 005 ***150.00

DOCUMENT # P98000013194	
1. Entity Name NATURAL SURFACTANT COMPANY, INC.	

Principal Place of Business 17222 TIFFANY SHORE DR LUTZ FL 33549 US	Mailing Address 17222 TIFFANY SHORE DR LUTZ FL 33549 US
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2. Principal Place of Business 17218 TIFFANY SHORE DR	3. Mailing Address 17218 TIFFANY SHORE DR
Suite, Apt. #, etc. LUT	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State LUTZ FL	City & State LUTZ FL	4. FEI Number 59-3493043	Applied For ☐ Not Applicable
Zip 33549	Country USA	Zip 33549	Country USA

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PROCOPIO, ROBERT A 17222 TIFFANY SHORE DRIVE LUTZ FL 33549	
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7. Name and Address of New Registered Agent	
Name SAME AS CURRENT	
Street Address (P.O. Box Number is Not Acceptable) 17218 TIFFANY SHORE DR	
City LUTZ	FL Zip Code 33549

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.

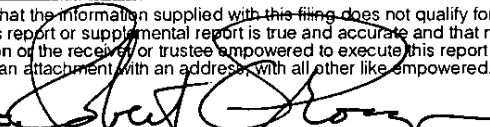
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	D PROCOPIO, ROBERT A 17222 TIFFANY SHORE DR LUTZ FL 33549 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PROCOPIO, ROBERT A 17218 TIFFANY SHORE DR LUTZ FL 33549 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNIEPP, BARRY P 208 ECHO HOLLOW WAY OVEIDO FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  **ROBERT A. PROCOPIO** 4/16/05 813-949-9246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #