2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000083176

1. Entity Name

6010 N.W. 1ST PLACE

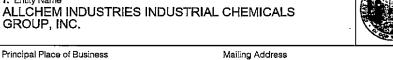
GAINESVILLE, FL 32607

ALLCHEM INDUSTRIES INDUSTRIAL CHEMICALS

6010 N.W. 1ST PLACE

GAINESVILLE, FL 32607

FILED Apr 23, 2004 08:00 AM Secretary of State





DO NOT	WRITE	IN THIS	SPACE
	4 T I I I I I	*** * * * * * * * * * * * * * * * * * *	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04202004 No Chg-P CR2E034 (10/03)

Applied For 4. FEI Number 59-3497894 Not Applicable

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

6. Name and Address of Current Registered Agent

OLCESE, ALEX

SIGNATURE

DO NOT WRITE

6010 NW FIRST PL GAINESVILLE, FL 32607		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 Fiorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent and title i	applicable. (NOTE: Registere	ed Agent signature r	equired when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000126783 04/23/04-80045-021 158.75		
10.	OFFICERS AND DIREC	TORS			<u></u> . A * *		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDSTEIN, JOSH 6010 N.W. 1ST PLACE GAINESVILLE, FL 32607			•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLCESE, ALEX 6010 NW FIRST PL GAINESVILLE, FL 32607						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLEIN, DANIEL 6010 NW FIRST PL GAINESVILLE, FL 32607			DO	NOT WRITE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VD VAN DER WEIJDE, TOM 6010 NW FIRST PL GAINESVILLE, FL 32607			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•••		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\bigcap A						
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 empewered 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 attagnment with an soddress, with all other like empowered.							