

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-20-2005 90332 042 \*\*\*150.00

DOCUMENT # P99000078619

1. Entity Name

ALCHEMIST, INC.



Principal Place of Business

1305 SUMMIT AVENUE #1  
PLANO TX 75074

Mailing Address

1305 SUMMIT AVENUE #1  
PLANO TX 75074

**50039809**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2823016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILBERMAN, MORRIS ESQ.  
1320 MYRTLE AVENUE S.  
SUITE 101  
CLEARWATER FL 33756

Name

*Leslie Rubin*

Street Address (P.O. Box Number is Not Acceptable)

*15500 Roosevelt Blvd*

*Suite 301*

City

*CLEARWATER*

**FL**

Zip Code

*33760*

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/13/05*

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  
WOLBE, ELLIS G  
1305 SUMMIT AVENUE #1  
PLANO TX 75074

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
KANER, GARY M  
1305 SUMMIT AVENUE #1  
PLANO TX 75074

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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:

*Ellis Wolbe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/05*

DATE

*972 423 5252*

DAYTIME PHONE #