

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90056 014 \*\*\*150.00

**DOCUMENT # V44786**

1. Entity Name  
**VAN-CHEM, INC.**



Principal Place of Business  
**5704 NICKLAUS LANE  
MILTON, FL 32570 US**

Mailing Address  
**5704 NICKLAUS LANE  
MILTON, FL 32570 US**

40013387



02042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
**450 Van Pelt Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**450 Van Pelt Lane**  
Suite, Apt. #, etc.

City & State  
**Pensacola, FL**  
Zip **32505** Country **USA**

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**Pensacola, FL**  
Zip **32505** Country **USA**

4. FEI Number  
**59-3132226**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VAN ALSTINE, TIM L  
5704 NICKLAUS LANE  
MILTON, FL 32570**

**7. Name and Address of New Registered Agent**

Name  
**Timothy L. Van Alstine**  
Street Address (P.O. Box Number is Not Acceptable)  
**450 Van Pelt Lane**  
City **Pensacola** **FL** Zip Code **32505**

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 **Tim Van Alstine** **02/04/05**  
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	PT	<input type="checkbox"/> Delete
NAME	<b>VAN ALSTINE, TIM</b>	
STREET ADDRESS	<b>5704 NICKLAUS LANE</b>	
CITY-ST-ZIP	<b>MILTON, FL 32570</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	<b>VAN ALSTINE, KATHLEEN</b>	
STREET ADDRESS	<b>5704 NICKLAUS LANE</b>	
CITY-ST-ZIP	<b>MILTON, FL 32570</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Timothy L. Van Alstine</b>	
STREET ADDRESS	<b>4535 Treeline Dr.</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32504</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Tim Van Alstine** **02/04/05**