

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124087

FILED  
Sep 04, 2009  
Secretary of State

Entity Name: DICKLER CHEMICAL LABORATORIES, INC.

**Current Principal Place of Business:**

221 TURNER STREET  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

221 TURNER STREET  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 26-1433994      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAYMOND, J. PAUL ESQ.  
625 COURT STREET  
200  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P, D ( ) Delete  
Name: SENECA, STEPHEN R  
Address: 221 TURNER STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: VP,S ( ) Delete  
Name: SCHWAMBERGER, ERIC  
Address: 221 TURNER STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: T ( ) Delete  
Name: PARIS, WILLIAM  
Address: 221 TURNER STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: SPENCER, SCOTT  
Address: 221 TURNER STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: WEBER, GEOFF  
Address: 221 TURNER STREET  
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP,S (X) Change ( ) Addition  
Name: KURP, RON  
Address: 221 TURNER STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFFREY C. WEBER

D

09/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date