

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 169744

1. Entity Name
HADLEY & LYDEN INC.



Principal Place of Business
**1960 HOWELL BRANCH RD
P.O. BOX 700
WINTER PARK, FL 32790**

Mailing Address
**1960 HOWELL BRANCH RD
P.O. BOX 700
WINTER PARK, FL 32790**



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0713365

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LYDEN, SCOTT A
2040 VENETIAN WAY
WINTER PARK, FL 32789**

**DO NOT WRITE
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000421658
02/16/06-80047-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	WECKERLE, MARTIN S.
STREET ADDRESS	4240 LANKMARK DR
CITY-ST-ZIP	ORLANDO, FL
TITLE	PSD
NAME	LYDEN, SCOTT A.
STREET ADDRESS	2040 VENETIAN WAY
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	LYDEN, JAMES P
STREET ADDRESS	1600 ALABAMA DR., #401
CITY-ST-ZIP	WINTER PARK, FL
TITLE	V
NAME	DEJONG, PATRICK
STREET ADDRESS	1551 OAKHURST AVE.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	V
NAME	ALLEN, BRADLEY T
STREET ADDRESS	160 SHELL POINT WEST
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Scott A. Lyden President 1/31/06 407 679 8181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #