

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90021 019 ***150.00

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**

40027182



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-0713365

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **WECKERLE, MARTIN S.**
CITY-ST-ZIP **4240 LANKMARK DR
ORLANDO, FL**

TITLE ☐ Delete
NAME **PSD**
STREET ADDRESS **LYDEN, SCOTT A.**
CITY-ST-ZIP **2040 VENETIAN WAY
WINTER PARK, FL 32789**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LYDEN, JAMES P**
CITY-ST-ZIP **1600 ALABAMA DR., #401
WINTER PARK, FL**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **DEJONG, PATRICK**
CITY-ST-ZIP **1551 OAKHURST AVE.
WINTER PARK, FL 32789**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **ALLEN, BRADLEY T**
CITY-ST-ZIP **160 SHELL POINT WEST
MAITLAND, FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **LYDEN, JAMES P**
CITY-ST-ZIP **1600 ALABAMA DR., #401
WINTER PARK, FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT A. LYDEN

2/23/07

407 679 8181

Date

Daytime Phone #