2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000002573

1. Entity Name
HYDRY COMPANY, LLC

Principal Place of Business	Mailing Address
4310 PABLO OAKS COURT JACKSONVILLE, FL 32224	4310 PABLO OAKS COURT JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE

02282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3609701
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

D.D.I., INC.
4310 PABLO OAKS COURT
JACKSONVILLE, FL 32224

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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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	D
NAME	DAVIS, ROBERT D
STREET ADDRESS	4310 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	DPT
NAME	SKELTON, H J
STREET ADDRESS	4310 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	V
NAME	ZAHRA, E ELLIS JR
STREET ADDRESS	4310 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	VAS
NAME	FRANCIS, H D
STREET ADDRESS	4310 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	VAS
NAME	DAVIS, A DANO
STREET ADDRESS	4310 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	V
NAME	CLOWE, DAVID C
STREET ADDRESS	4310 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Susan C. Thorne Susan C. Thorne 3/23/06 904/223-7480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #