


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90352 043 \*\*\*\*50.00

|  |   |                     |  |  |  |
|--|---|---------------------|--|--|--|
| <b>DOCUMENT # M04000002573</b><br>1. Entity Name<br><b>HYDRY COMPANY, LLC</b>  |   |                     |  |   |  |
| Principal Place of Business<br><b>4310 PABLO OAKS COURT<br/>JACKSONVILLE, FL 32224</b>   |   |                     | Mailing Address<br><b>4310 PABLO OAKS COURT<br/>JACKSONVILLE, FL 32224</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |  |  |  |
| City & State   |   | City & State        |  | 03302007    Chg-LLC    CR2E083 (12/06)   |  |
| Zip  |   | Country             |  | 4. FEI Number<br><b>59-3609701</b>   |  |
| Zip  |   | Country             |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>D.D.I., INC.<br/>4310 PABLO OAKS COURT<br/>JACKSONVILLE, FL 32224</b>  |   |                     |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |   |                     |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   |                     | <b>Make check payable to<br/>Florida Department of State</b>               |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |                     |  | <b>10. ADDITIONS/CHANGES</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DAVIS, ROBERT D <input type="checkbox"/> Delete<br>4310 PABLO OAKS COURT<br>JACKSONVILLE, FL 32224           |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DPT<br>SKELTON, H J <input type="checkbox"/> Delete<br>4310 PABLO OAKS COURT<br>JACKSONVILLE, FL 32224            |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>ZAHRA, E ELLIS JR <input type="checkbox"/> Delete<br>4310 PABLO OAKS COURT<br>JACKSONVILLE, FL 32224         |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VAS<br>FRANCIS, H D <input type="checkbox"/> Delete<br>4310 PABLO OAKS COURT<br>JACKSONVILLE, FL 32224            |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VAS<br>DAVIS, A DANO <input type="checkbox"/> Delete<br>4310 PABLO OAKS COURT<br>JACKSONVILLE, FL 32224           |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>CLOWE, DAVID C <input checked="" type="checkbox"/> Delete<br>4310 PABLO OAKS COURT<br>JACKSONVILLE, FL 32224 |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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. |   |                     |  |  |  |
| <b>SIGNATURE:</b> <i>Susan C. Thorne</i>   |   |                     |  | <b>SUSAN C. THORNE</b> 4/12/07    904/223-7480   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |                     |  | Date    Daytime Phone #  |  |