

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000082937

1. Entity Name
LYDEN MANAGEMENT, INC.



Principal Place of Business
**1600 ALABAMA DRIVE, THE ALABAMA NO 40
WINTER PARK FL 32789-2672**

Mailing Address
**PO BOX 700
WINTER PARK FL 32790**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3675595**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOWMAN, WILLIAM R JR, ESQ
GATEWAY CENTER, SUITE 1700
1000 LEGION PLACE
ORLANDO FL 32801**

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 is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
LYDEN, JAMES P
1600 ALABAMA DRIVE, THE ALABAMA NO 401
WINTER PARK FL 32789-2672**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**U000000680339
04/03/07-80074-006 150.00**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
LYDEN, KRISTIN M
1600 ALABAMA DRIVE, THE ALABAMA NO 401
WINTER PARK FL 32789-2672**

☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James P. Lyden* **JAMES P. LYDEN**

3-22-07 407-679-8181