

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119963

Entity Name: DYHARD CARHOLIC INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

ROUTE 3 BOX 414
HORTENSE, GA 31543

New Principal Place of Business:

Current Mailing Address:

ROUTE 3 BOX 414
HORTENSE, GA 31543

New Mailing Address:

FEI Number: 80-0007933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAMMELL, JAMES L
16036 RESSIE DR. WEST
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TRAMMELL, JAMES L
Address: 16036 RESSIE DR. WEST
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: TRAMMELL, SHERYL
Address: 16036 RESSIE DR. WEST
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TRAMMELL, JAMES L
Address: RT. 3, BOX 414
City-St-Zip: HORTENSE, GA 31543

Title: D (X) Change () Addition
Name: TRAMMELL, SHERYL
Address: RT 3, BOX 414
City-St-Zip: HORTENSE, GA 31543

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES TRAMMELL

D

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date