


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P03000119496 1. Entity Name TYDY, INC. |  |
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| Principal Place of Business 856 LINCOLN ROAD DELAND, FL 32724 | Mailing Address 856 LINCOLN ROAD DELAND, FL 32724 |
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DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 73-1683993 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WILLIAMS, TERRY C
856 LINCOLN ROAD
DELAND, FL 32724

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

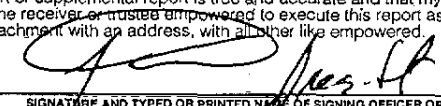
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1100000223325 02/14/05-80075-004 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILLIAMS, TERRY C 856 LINCOLN ROAD DELAND, FL 32724 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WILLIAMS, DEBORAH R 856 LINCOLN ROAD DELAND, FL 32724 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA WILLIAMS, TERRY C 856 LINCOLN ROAD DELAND, FL 32724 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC WILLIAMS, DEBORAH R 856 LINCOLN ROAD DELAND, FL 32724 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR WILLIAMS, TERRY C 856 LINCOLN ROAD DELAND, FL 32724 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR WILLIAMS, DEBORAH R 856 LINCOLN ROAD DELAND, FL 32724 |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  2/11/05 (386) 775-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #