

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140485

Entity Name: RHYDER ASSOCIATES, INC.

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

17524 EAGLE BEND BLVD
NONE
JACKSONVILLE, FL 322261178 US

New Principal Place of Business:

Current Mailing Address:

17524 EAGLE BEND BLVD
NONE
JACKSONVILLE, FL 322261178 US

New Mailing Address:

FEI Number: 20-1725282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHYDER, ROBERT F JR
17524 EAGLE BEND BLVD
NONE
JACKSONVILLE, FL 322261178 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: DPT () Delete
Name: RHYDER, ROBERT F JR
Address: 17524 EAGLE BEND BLVD
City-St-Zip: JACKSONVILLE, FL 322261178 US

Title: DVP () Delete
Name: RHYDER, GLENDA F
Address: 17524 EAGLE BEND BLVD
City-St-Zip: JACKSONVILLE, FL 322261178 US

Title: DS () Delete
Name: BLAIR, THOMAS A
Address: PO BOX 1670
City-St-Zip: CALLAHAN, FL 320111670 US

Title: NONE () Delete
Name: NONE, NONE
Address: NONE
City-St-Zip: CALLAHAN, FL 32011 US

Title: NONE () Delete
Name: NONE, NONE
Address: NONE
City-St-Zip: CALLAHAN, FL 32011 US

Title: NONE () Delete
Name: NONE, NONE
Address: NONE
City-St-Zip: CALLAHAN, FL 32011 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT F. RHYDER JR.

DPT

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date