

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140485

Entity Name: RHYDER ASSOCIATES, INC.

FILED
Mar 21, 2009
Secretary of State

Current Principal Place of Business:

17524 EAGLE BEND BLVD
NONE
JACKSONVILLE, FL 322261178 US

New Principal Place of Business:

17524 EAGLE BEND BLVD
JACKSONVILLE, FL 322261178 US

Current Mailing Address:

17524 EAGLE BEND BLVD
NONE
JACKSONVILLE, FL 322261178 US

New Mailing Address:

17524 EAGLE BEND BLVD
JACKSONVILLE, FL 322261178 US

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:

RHYDER, ROBERT F JR
17524 EAGLE BEND BLVD
JACKSONVILLE, FL 322261178 US

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: ROBERT F. RHYDER, JR.

03/21/2009

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

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

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

Title: NONE (X) 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: DVPS (X) Change () Addition
Name: RHYDER, GLENDA F
Address: 17524 EAGLE BEND BLVD
City-St-Zip: JACKSONVILLE, FL 322261178 US

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

03/21/2009

Electronic Signature of Signing Officer or Director

Date