
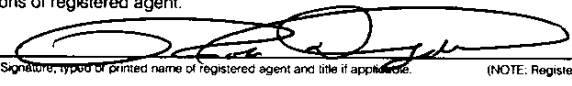
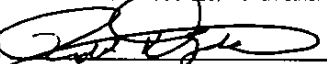


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90042 035 ***158.75

DOCUMENT # P06000011870 1. Entity Name DRYDEN CONTRACTING INC.					
Principal Place of Business 2907 TREASURE CIR. PANAMA CITY BEACH, FL 32408			Mailing Address 2907 TREASURE CIR. PANAMA CITY BEACH, FL 32408		
2. Principal Place of Business - No P.O. Box # 2909 TREASURE CIR.		3. Mailing Address 2909 TREASURE CIR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PANAMA CITY BEACH, FL		City & State PANAMA CITY BEACH, FL		4. FEI Number 20-4161723	
Zip 32408		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32408		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRYDEN, ROBERT G 2907 TREASURE CIR. PANAMA CITY BEACH, FL 32408				7. Name and Address of New Registered Agent Name DRYDEN, ROBERT G Street Address (P.O. Box Number is Not Acceptable) 2909 TREASURE CIR. City PANAMA CITY BEACH FL Zip Code 32408	
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 1/8/07	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P DRYDEN, ROBERT G 2907 TREASURE CIR. PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT G DRYDEN 2909 TREASURE CIR. PANAMA CITY BEACH, FL 32408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, BUFFIE L 2907 TREASURE CIR. PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUFFIE THOMPSON DRYDEN 2909 TREASURE CIR. PANAMA CITY BEACH, FL 32408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 			ROBERT DRYDEN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/2/07 Daytime Phone # 850-249-9670		