2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000042868

1. Entity Name

HYDE PARK APARTMENTS, INC.



FILED Mar 29, 2007 08:00 A Secretary of State

Principal Place of Business

2104 WEST HILLS AVENUE TAMPA, FL 33606 US

Mailing Address

2104 WEST HILLS AVE TAMPA, FL 33606 US



DO NOT WRITE IN THIS SPACE

03262007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3326142

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, MARC A.B. 509 S MLK JR AVE CLEARWATER, FL 33756

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Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
SIGNATURE		•
the obligations of registered agent.	inging is registered office of registered agent, or bot	it, in the State of Plonda. Fatt fathilial with, and accept

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE NAME GALLIMORE, NEAL 2104 W HILLS AVE OFE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33606** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP

900000682585 94/05/07-80008-025 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 five 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 simplement 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 edgress, with all other like empowered.

SIGNATURE: ~

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/67

813-254-037

/ Daylime