

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07773

FILED
Jan 11, 2007
Secretary of State

Entity Name: GENE HYDE TRUCKING CO., INC.

Current Principal Place of Business:

2940 SWINDELL RD
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24568
LAKELAND, FL 338024568

New Mailing Address:

FEI Number: 59-2052159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARGRAVES, SHIRLEY J
290 HOWARD AVENUE
LAKELAND, FL 33815 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: SD () Delete
Name: HYDE, SHIRLEY M
Address: 4304 E. KNIGHTS GRIFFIN RD.
City-St-Zip: PLANT CITY, FL 33566

Title: CPTD () Delete
Name: HARGRAVES, SHIRLEY J
Address: 290 HOWARD AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: VD () Delete
Name: HYDE, DEWELL G
Address: 8204 N. CAMPBELL RD.
City-St-Zip: LAKELAND, FL 33810

Title: VD () Delete
Name: HARGRAVES, ANTHONY
Address: 290 HOWARD AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: HYDE, SHIRLEY M
Address: 3324 HAWKS RIDGE DRIVE
City-St-Zip: LAKELAND, FL 33810

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: VD () Change (X) Addition
Name: HYDE, JAMES E
Address: 6924 MONTREAL DRIVE
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify for the 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: SHIRLEY JUNE HARGRAVES

PRES

01/11/2007

Electronic Signature of Signing Officer or Director

_____ Date