

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90004 009 ***150.00

DOCUMENT # 289978

1. Entity Name

B & A HYDER TRUCKING COMPANY, INC.



Principal Place of Business

**314 HYDER ST.
HENDERSONVILLE NC 28792-2732**

Mailing Address

**314 HYDER ST.
HENDERSONVILLE NC 28792-2732**

2. Principal Place of Business

314 HYDER ST.

Suite, Apt. #, etc.

3. Mailing Address

314 HYDER ST.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Hendersonville NC

City & State

Hendersonville NC

4. FEI Number

59-1152097

Applied For

Not Applicable

Zip

28792

Country

Henderson

Zip

28792

Country

Henderson

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HYDER, GREGORY ALLEN DOC
3334 HWY. 39
ZEPHYRHILLS FL 33540**

7. Name and Address of New Registered Agent

Name

Hyder - Gregory Allen Doc

Street Address (P.O. Box Number is Not Acceptable)

3334 Hwy 39

City

Zephyrhills

FL

Zip Code

33540

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HYDER, BOYD L.	
STREET ADDRESS	314 HYDER ST.	
CITY-ST-ZIP	HENDERSONVILLE NC	
TITLE	S	<input type="checkbox"/> Delete
NAME	HYDER, JANICE L.	
STREET ADDRESS	314 HYDER ST.	
CITY-ST-ZIP	HENDERSONVILLE NC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Janice L. Hyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04
Date

8286935208
Daytime Phone #