


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # 289978	
1. Entity Name B & A HYDER TRUCKING COMPANY, INC.	

Principal Place of Business 314 HYDER ST. HENDERSONVILLE, NC 28792	Mailing Address 314 HYDER ST. HENDERSONVILLE, NC 28792
--	--



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1152097	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent HYDER, GREGORY ALLEN DOC 4112 MESSICK ROAD DADE CITY, FL 33525

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 01/08/08-80007-018 158.75
---	---	-----------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OAKLEY, TOM E 314 HYDER ST. HENDERSONVILLE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HYDER, JANICE L 314 HYDER ST. HENDERSONVILLE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, LARRY H 314 HYDER ST. HENDERSONVILLE, NC 28792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAIRNES, JAMES C 314 HYDER ST HENDERSONVILLE, NC 28792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <u>Janice L. Hyder</u> <u>James C. Cairnes</u>	1/3/08	888-693-5208
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>