2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90049 014 ***150.00

DOCUMENT # F07773

1. Entity Name
GENE HYDE TRUCKING CO., INC.

40031263

01312008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2940 SWINDELL RD LAKELAND, FL 33805 US	P.O. BOX 24568 LAKELAND, FL 33802-4568

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2052159 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARGRAVES, SHIRLEY J
290 HOWARD AVENUE
LAKELAND, FL 33815

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	SD HYDE, SHIRLEY M 3324 HAWKS RIDGE DRIVE LAKELAND, FL 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Treasurer / Dir.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPTD HARGRAVES, SHIRLEY J 290 HOWARD AVENUE LAKELAND, FL 33815	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairperson / Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HYDE, DEWELL G 8204 N. CAMPBELL RD. LAKELAND, FL 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARGRAVES, ANTHONY 290 HOWARD AVENUE LAKELAND, FL 33815	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HYDE, JAMES E 6924 MONTREAL DRIVE LAKELAND, FL 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO / Director Obed Rivera 625 Fox Lake Dr Lakeland, FL 33809	☐ Change ☒ 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: Gene Hargraves 1-31-08 813 860 1701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #