

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # P01000076516

1. Entity Name
HYDER'S CARPETS, INC.



Principal Place of Business
**698 BEAL PKWY.
FT. WALTON BEACH, FL 32547**

Mailing Address
**698 BEAL PARKWAY
FT. WALTON BEACH, FL 32547**



02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3741735	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, WILLIAM SCOTT
C/O WILLIAM SCOTT FOSTER
909 MAR WALT DR., STE. 1014
FT. WALTON BEACH, FL 32547**

**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) DATE

**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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HYDER, MURRELL L
STREET ADDRESS	698 BEAL PKWY. NW
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	D
NAME	HYDER, BETTY ANNE
STREET ADDRESS	698 BEAL PKWY. NW
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	D
NAME	HYDER, JEFFREY L
STREET ADDRESS	698 BEAL PKWY. NW
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/30/07-80054-009 150.00

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: Betty A. Hyder Betty A. Hyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 850-862-9514
Date Daytime Phone #