

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90034 009 \*\*\*150.00

DOCUMENT # P02000016604

1. Entity Name

HYER QUALITY ENTERTAINMENT, INC.



Principal Place of Business

3114 US HWY 98  
MEXICO BEACH FL 32410

Mailing Address

130 PONCE DE LEON ST  
PORT ST JOE FL 32456-6358

2. Principal Place of Business

3. Mailing Address

118 PINE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ST. JOE

Zip

Country

FLA

Zip

32456

Country

USA

4. FEI Number

30-0048628

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

DEMENT, HYER  
130 PONCE DE LEON ST  
PORT ST JOE FL 32456-6358

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, 2005 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 checked="" type="checkbox"/> Delete
NAME	DEMENT, WALTER HYER JR	
STREET ADDRESS	130 PONCE DE LEON ST	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DEMENT, WALTER HYER JR	
STREET ADDRESS	118 PINE STREET	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE		<input type="checkbox"/> Delete
NAME	N/A	
STREET ADDRESS		
CITY-ST-ZIP		
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
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:

*Walter Hyer Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-05

850-527-1555

Date

Daytime Phone #