

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-03-2006 90002 018 ***150.00

07-27-2006 90019 011 ***400.00

| | | | | | |
|---|--|---------------------------|--|---------------------------------------|--|
| DOCUMENT # P02000016604 | | | | | |
| 1. Entity Name HYER QUALITY ENTERTAINMENT, INC. | | | | | |
| Principal Place of Business 3114 US HWY 98 MEXICO BEACH FL 32410 | | | Mailing Address 118 PINE STREET PORT SAINT JOE FL 32456 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 30-0048628 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DEMENT, HYER 130 PONCE DE LEON ST PORT ST JOE FL 32456-6358 | | | Name <u>Dement, Walter Hyer Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>118 Pine Street</u> City <u>Port St. Joe</u> <u>FL</u> Zip Code <u>32456</u> | | |
| 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 <u>Walter Hyer Dement Jr.</u> <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | DATE <u>6-29-2006</u> <small>(NOTE: Registered Agent signature required when terminating)</small> | | |
| FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P DEMENT, WALTER HYER JR. 118 PINE STREET PORT SAINT JOE FL 32456 | | <input type="checkbox"/> Delete | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Walter Hyer Dement Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |
| DATE <u>6-29-2006</u> <small>Daytime Phone #</small> | | | 850-340-1878 | | |