



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-09-2004 90002 032 ***150.00

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|---|---|---|---|---|--|
| DOCUMENT # P03000010006 1. Entity Name CHARLES HYDER LAND SURVEYING AND MAPPING INC. | | | |  | |
| Principal Place of Business 9 Harbor Center Dr Suite 16 A 2 OFFICE PARK DRIVE SUITE E PALM COAST FL 32137 US | | | Mailing Address 9 Harbor Center Suite 16-A 2 OFFICE PARK DRIVE SUITE E PALM COAST FL 32137 US | | |
| 2. Principal Place of Business 9 Harbor Center Dr. Suite, Apt. #, etc. Suite 16-A City & State Palm Coast FL Zip 32137 | | 3. Mailing Address 9 Harbor Center Drive Suite, Apt. #, etc. Suite 16-A City & State Palm Coast, Florida Zip 32137 | |  | |
| 4. FEI Number 38-3671102 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | MOORE CR2E034 (11/03) | |
| 6. Name and Address of Current Registered Agent HYDER, CHARLES H IV 2 OFFICE DR 9 Harbor Center Drive SUITE E Suite 16-A PALM COAST FL 32137 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9 Harbor Center Dr. Ste 16A City Palm Coast FL Zip Code 32137 | | |
| 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 _____ DATE 2-9-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 HYDER, CHARLES H IV <input type="checkbox"/> Delete 2 OFFICE PARK DR SUITE E PALM COAST FL 32137 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Charles H. Hyder, IV <input type="checkbox"/> Change <input type="checkbox"/> Addition 9 Harbor Center Dr Suite 16A Palm Coast, FL 32137 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HYDER, ELBERTA L <input checked="" type="checkbox"/> Delete 2 OFFICE PARK DR. SUITE E PALM COAST, FL 32137 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Charles A. Hyder, IV <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9 Harbor Center Drive Suite 16A Palm Coast, FL 32137 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T- HYDER, CHARLES H. IV <input type="checkbox"/> Delete 2 OFFICE PARK DR. SUITE E PALM COAST FL 32137 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Charles H. Hyder, IV <input type="checkbox"/> Change <input type="checkbox"/> Addition 9 Harbor Center Dr Suite 16A Palm Coast, FL 32137 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HYDER, ELBERT L <input type="checkbox"/> Delete 2 OFFICE PARK DR. SUITE E PALM COAST FL 32137 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Elberta L Hyder <input type="checkbox"/> Change <input type="checkbox"/> Addition 9 Harbor Center Dr Suite 16A Palm Coast, FL 32137 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Charles H Hyder</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 29104 | | 386-445-5668 <small>Daytime Phone #</small> |