

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000010006

1. Entity Name

CHARLES HYDER LAND SURVEYING AND MAPPING INC.



Principal Place of Business

9 HARBOR CENTER DR.
SUITE 16-A
PALM COAST FL 32137
US

Mailing Address

9 HARBOR CENTER DRIVE
SUITE 16-A
PALM COAST FL 32137
US

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above



1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3671102

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HYDER, CHARLES H IV
9 HARBOR CENTER DR.
SUITE 16A
PALM COAST FL 32137

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

NA

4-1-05

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 type="checkbox"/> Delete
NAME	HYDER, CHARLES H IV	
STREET ADDRESS	9 HARBOR CENTER DR SUITE 16A	
CITY - ST - ZIP	PALM COAST FL 32137	
TITLE	V	<input type="checkbox"/> Delete
NAME	HYDER, CHARLES H V	
STREET ADDRESS	9 HARBOR CENTER DRIVE SUITE 16-A	
CITY - ST - ZIP	PALM COAST, FL 32137	
TITLE	T	<input type="checkbox"/> Delete
NAME	HYDER, CHARLES H IV	
STREET ADDRESS	9 HARBOR CENTER DR SUITE 16A	
CITY - ST - ZIP	PALM COAST FL 32137	
TITLE	S	<input type="checkbox"/> Delete
NAME	HYDER, ELBERTA L	
STREET ADDRESS	9 HARBOR CENTER DR SUITE 16A	
CITY - ST - ZIP	PALM COAST FL 32137	
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	1100000285793
STREET ADDRESS	04/04/05-80002-017 150.00
CITY - ST - ZIP	
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	
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)(f), 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:

Charles Hyder IV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-05