

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90021 035 ***550.00

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

145 Cypress Point Pkwy

Suite, Apt. #, etc.

Suite 205

City & State

Palm Coast, FL

Zip
32164

Country

Flagler

3. Mailing Address

145 Cypress Point Pkwy

Suite, Apt. #, etc.

Suite 205

City & State

Palm Coast, Florida

Zip
32164

Country

Flagler

1st MOORE

CR2E034 (10/05)

4. FEI Number

38-3671102

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Charles H Hyder IV

Street Address (P.O. Box Number is Not Acceptable)

145 Cypress Point Parkway

Suite 205

City

Palm Coast

FL

Zip Code

32164

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

Charles H Hyder IV

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-10-06

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HYDER, CHARLES H IV
STREET ADDRESS 9 HARBOR CENTER DR SUITE 16A
CITY-ST-ZIP PALM COAST FL 32137

TITLE V ☒ Delete
NAME HYDER, CHARLES H V
STREET ADDRESS 9 HARBOR CENTER DRIVE SUITE 16-A
CITY-ST-ZIP PALM COAST, FL 32137

TITLE T ☐ Delete
NAME HYDER, CHARLES H IV
STREET ADDRESS 9 HARBOR CENTER DR SUITE 16A
CITY-ST-ZIP PALM COAST FL 32137

TITLE S ☐ Delete
NAME HYDER, ELBERTA L
STREET ADDRESS 9 HARBOR CENTER DR SUITE 16A
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Charles H Hyder IV ☒ Change ☐ Addition
NAME
STREET ADDRESS 145 Cypress Point Parkway Ste 205
CITY-ST-ZIP Palm Coast FL 32164

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Charles H Hyder IV

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

7-10-06

Date

386-445-5668

Daytime Phone #