
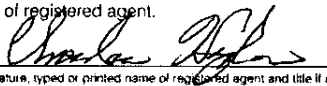
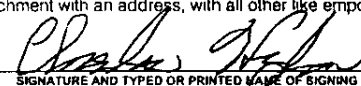


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90133 040 ***150.00

DOCUMENT # P03000010006			
1. Entity Name CHARLES HYDER LAND SURVEYING AND MAPPING INC.			
Principal Place of Business 145 CYPRESS POINT PKWY SUITE 205 PALM COAST, FL 32164 US		Mailing Address 145 CYPRESS POINT PKWY SUITE 205 PALM COAST, FL 32164 US	
2. Principal Place of Business - No P.O. Box # 55804 SAM ST Suite, Apt. #, etc.		3. Mailing Address 55804 SAM ST Suite, Apt. #, etc.	
City & State ASTOR FL		City & State ASTOR, FL	
Zip 32102	Country LAKE	Zip 32102	Country LAKE
6. Name and Address of Current Registered Agent HYDER, CHARLES H IV 145 CYPRESS POINT PKWY SUITE 205 PALM COAST, FL 32164		7. Name and Address of New Registered Agent Name: Charles H. Hyder IV Street Address (P.O. Box Number is Not Acceptable) 55804 SAM ST City: ASTOR FL Zip Code: 32102	
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: 3-28-07 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 9 HARBOR CENTER DR SUITE 16A PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	55804 SAM ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ASTOR FL 32102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HYDER, CHARLES H IV 145 CYPRESS POINT PKWY SUITE 205 PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	55804 SAM ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ASTOR FL 32102
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		DATE: 3-28-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	