

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048150

Entity Name: GENE HYDE LOGISTICS, INC.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

2940 SWINDELL RD
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

PO BOX 3797
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 02-0693463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARGRAVES, JUNE H
2940 SWINDELL RD
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

HARGRAVES, JUNE H
290 HOWARD AVENUE
LAKELAND, FL 33815 US

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.

SIGNATURE:

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HARGRAVES, JUNE H PRES
Address: 2940 SWINDELL RD
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: HARGRAVES, ANTHONY VPRES
Address: 2940 SWINDELL RD
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: HYDE, JAMES E VPRES
Address: 2940 SWINDELL RD
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HARGRAVES, JUNE H PRES
Address: 290 HOWARD AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: D (X) Change () Addition
Name: HARGRAVES, ANTHONY VPRES
Address: 290 HOWARD AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY JUNE HARGRAVES

DP

04/13/2005

Electronic Signature of Signing Officer or Director

Date