2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100487

Title:

Name:

Address:

City-St-Zip:

COB

HYDE, ROBERT W

OCALA, FL 34481

9282 SW 93RD CIRCLE

(X) Delete

FILED Apr 29, 2005 Secretary of State

Entity Name: HYDE ENGINEERING GROUP, INC.							
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
23085 DEE BROOKSVI	RFLY RD ILLE, FL 34602						
Current Mailing Address:			New Maili	New Mailing Address:			
23085 DEE BROOKSVI	RFLY RD ILLE, FL 34602						
FEI Number: 59-3620850 FEI Number Applied For () FEI Nu			FEI Number Not App	mber Not Applicable () Certificate of Status Desired (X)			
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
	NICE H RFLY ROAD ILLE, FL 34602	US					
The above in the State		bmits this statement for the p	ourpose of changing i	ts registered offi	ice or registered a	gent, or both,	
SIGNATUR							
Electronic Signature of Registered Agent			ent		Date		
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VP () E JONES, JANICE I 23085 DEERFLY BROOKSVILLE, I	RD	Title: Name: Address: City-St-Zip:	P (X) C JONES, JANICE I 23085 DEERFLY BROOKSVILLE, F	RD		
Title: Name: Address: City-St-Zip:	P () C COSNER-LOWE, 1116 NORTH BEI SAINT CHARLES	NTON AVE	Title: Name: Address: City-St-Zip:	COB (X) C HYDE, ROBERT V 9282 SW 93RD C OCALA, FL 3448	CIRCLE		
Title: Name: Address: City-St-Zip:	VP (X) E COSNER, PAMEI 2409 BATTEN RE BROOKSVILLE, I)	Title: Name: Address: City-St-Zip:	() C	Change () Addition		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JANICE H JONES Ρ 04/29/2005

() Change () Addition