

2004 FOR PROFIT CORPORATION ANNUAL REPORT

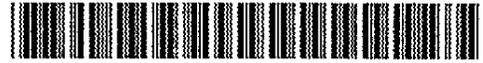
FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # M64219
 1. Entity Name
SUPERIOR HYDRAULICS, INC.



Principal Place of Business Mailing Address
 2690 C.R. 416 N. 2690 C.R. 416 N.
 LAKE PANASOFFKEE, FL 33538 US LAKE PANASOFFKEE, FL 33538 US

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2866898 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent
 POJMANN, DONALD K. & JULIE L.
 2690 C.R. 416 N
 LAKE PANASOFKEE, FL 33538

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POJMANN, DONALD KENNETH
STREET ADDRESS	2690 C.R. 416N
CITY-ST-ZIP	LAKE PANASOFKEE, FL 33538
TITLE	D
NAME	POJMANN, JULIE LYNNE
STREET ADDRESS	2690 C.R. 416N
CITY-ST-ZIP	LAKE PANASOFKEE, FL 33538
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/16/04-80012-004 150.00

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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: *Julie L. Pojmann* **Julie L. Pojmann** 1/9/04 352-568-1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #