


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 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



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2866898	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 POJMANN, DONALD K. & JULIE L.
 2690 C.R. 416 N
 LAKE PANASOFFKEE, 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 PANASOFFKEE, FL 33538
TITLE	D
NAME	POJMANN, JULIE LYNNE
STREET ADDRESS	2690 C.R. 416N
CITY-ST-ZIP	LAKE PANASOFFKEE, 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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 01/10/06-80008-001 150.00

DO NOT WRITE IN THIS SPACE

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: *Julie L. Pojmann* Julie L. Pojmann 1/5/06 352-568-1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #