


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P19516

1. Entity Name
CENTRAL HYDRAULIC-ENGINEERED PRODUCTION SYSTEMS, INC.



Principal Place of Business
**P.O. BOX 3099
 LAUREL, MS 39442 US**

Mailing Address
**P.O. BOX 3099
 LAUREL, MS 39442 US**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
64-0589080

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, DAVID PO BOX 2483 - N/A LAUREL, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROGERS, STEPHANIE P.O. BOX 3099 LAUREL, MS 39442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROGERS, SCOTT P.O. BOX 3099 LAUREL, MS 39442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/08/07-80042-011 150.00

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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: David Rogers **DAVID ROGERS** 01/08/07 601-649-2551
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #