

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 423077 1. Entity Name AIRCRAFT HYDRAULIC REPAIR, INC.	
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Principal Place of Business 9401 N.W. 109 STREET BAY 2 & 3 MEDLEY, FL 33178 US	Mailing Address 9401 N.W. 109 STREET BAY 2 & 3 MEDLEY, FL 33178 US
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1425135	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

PLUNKETT, PAUL E
 5420 S.W. 90 TERR.
 COOPER CITY, FL 33328

DO NOT WRITE IN THIS SPACE

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

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

000000096795
 03/26/04-80012-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PLUNKETT, PAUL 9401 N.W. 109 STREET, BAY 2&3 MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PLUNKETT, MARY MARGARET 9401 N.W. 109 STREET, BAY 2&3 MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD POWER, KAREN 9401 N.W. 109 STREET, BAY 2&3 MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PLUNKETT, PATRICK J 9401 N.W. 109 STREET, BAY 2&3 MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 my address, with all other like empowered.

SIGNATURE: P. E. Plunkett P. E. PLUNKETT 3-24-03 305 263 9725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #