


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 423077**  
 1. Entity Name  
 AIRCRAFT HYDRAULIC REPAIR, INC.



Principal Place of Business      Mailing Address  
 9401 N.W. 109 STREET      9401 N.W. 109 STREET  
 BAY 2 & 3      BAY 2 & 3  
 MEDLEY, FL 33178 US      MEDLEY, FL 33178 US



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1425135</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 PLUNKETT, PAUL E  
 5420 S.W. 90 TERR.  
 COOPER CITY, FL 33328

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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.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000784409 01/16/08-80052-020 150.00
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10. OFFICERS AND DIRECTORS

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

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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: Paul E. Plunkett      Paul E. Plunkett      1-7-08      305 963 9725  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #