

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 423077

FILED  
May 01, 2012  
Secretary of State

Entity Name: AIRCRAFT HYDRAULIC REPAIR, INC.

**Current Principal Place of Business:**

9401 N.W. 109 STREET  
BAY 2 & 3  
MEDLEY, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

9401 N.W. 109 STREET  
BAY 2 & 3  
MEDLEY, FL 33178 US

**New Mailing Address:**

FEI Number: 59-1425135      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PLUNKETT, PAUL  
Address: 9401 N.W. 109 STREET, BAY 2&3  
City-St-Zip: MEDLEY, FL 33178

Title: VD  
Name: PLUNKETT, MARY MARGARET  
Address: 9401 N.W. 109 STREET, BAY 2&3  
City-St-Zip: MEDLEY, FL 33178

Title: SD  
Name: POWER, KAREN  
Address: 9401 N.W. 109 STREET, BAY 2&3  
City-St-Zip: MEDLEY, FL 33178

Title: TD  
Name: PLUNKETT, PATRICK J  
Address: 9401 N.W. 109 STREET, BAY 2&3  
City-St-Zip: MEDLEY, FL 33178

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL E. PLUNKETT

PD

05/01/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date