

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90049 037 ***150.00

DOCUMENT # F01000005393

1. Entity Name

FLUID POWER PRODUCTS, INC.



Principal Place of Business

302 TURNPIKE ROAD
SOUTHBORO MA 01772

Mailing Address

P.O. BOX 408
SOUTHBORO MA 01772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2349038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, JOHN P
1777 NORTHGATE BLVD
UNIT A5
SARASOTA FL 34234

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CUNNEEN, BRUCE R
STREET ADDRESS 84 EAST PLAIN STREET
CITY-ST-ZIP WAYLAND MA 01778

TITLE D ☐ Change ☒ Addition
NAME CUNNEEN, MICHELE F
STREET ADDRESS 84 EAST PLAIN STREET
CITY-ST-ZIP WAYLAND MA 01778

TITLE V ☐ Delete
NAME PECORARO, JOHN
STREET ADDRESS 20 WELCOME ROAD
CITY-ST-ZIP SMITHFIELD RI 02197

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME GREEN, JOHN F
STREET ADDRESS 2403 ARBORFIELD SQUARE
CITY-ST-ZIP SARASOTA FL 34235

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PIERCE, MELVIN
STREET ADDRESS 42 CLIFFSIDE DRIVE
CITY-ST-ZIP PLYMOUTH MA 02360

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STCD ☐ Delete
NAME CUNNEEN, JOHN J
STREET ADDRESS 116 PINE HILL ROAD
CITY-ST-ZIP SOUTHBOROUGH MA 01772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME PIERCE, MELVIN
STREET ADDRESS 42 CLIFFSIDE DRIVE
CITY-ST-ZIP PLYMOUTH MA 02360

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04 508 481-8881

Date

Daytime Phone #