


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

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 <input type="checkbox"/>				\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUNNEEN, BRUCE R		NAME		
STREET ADDRESS	84 EAST PLAIN STREET		STREET ADDRESS		
CITY - ST - ZIP	WAYLAND MA 01778		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PECORARO, JOHN		NAME		
STREET ADDRESS	20 WELCOME ROAD		STREET ADDRESS		
CITY - ST - ZIP	SMITHFIELD RI 02197		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, JOHN F		NAME		
STREET ADDRESS	2403 ARBORFIELD SQUARE		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34235		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIERCE, MELVIN		NAME		
STREET ADDRESS	42 CLIFFSIDE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	PLYMOUTH MA 02360		CITY - ST - ZIP		
TITLE	STCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUNNEEN, JOHN J		NAME		
STREET ADDRESS	116 PINE HILL ROAD		STREET ADDRESS		
CITY - ST - ZIP	SOUTHBOROUGH MA 01772		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUNNEEN, MICHELE F		NAME		
STREET ADDRESS	84 E. PLAIN ST.		STREET ADDRESS		
CITY - ST - ZIP	WAYLAND MA 01778		CITY - ST - ZIP		



1st MOORE CR2E034 (10/04)

4. FEI Number **04-2349038**

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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, 2005 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

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CITY - ST - ZIP	WAYLAND MA 01778		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)(f), 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

John P. Green 1/26/05 508-481-8881

Date

Daytime Phone #