



FILED
Apr 30, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F14471 1. Entity Name ATLAS HYDRAULICS, INC.		
Principal Place of Business 12600 34TH STREET NORTH CLEARWATER, FL 33762		Mailing Address 12600 34TH STREET NORTH CLEARWATER, FL 33762
DO NOT WRITE IN THIS SPACE		
		01302008 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2051235
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
HAYN, JOHN 12600 34TH STREET NORTH CLEARWATER, FL 33762		DO NOT WRITE IN THIS SPACE
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 electing) <small>Signature typed or printed name of registered agent and title if applicable</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	HAYN, JOHN E	
STREET ADDRESS	12600 34TH STREET NORTH	
CITY- ST- ZIP	CLEARWATER, FL 33762	
TITLE	ST	
NAME	SHUTE, STEPHANIE M	
STREET ADDRESS	12600 34TH STREET NORTH	
CITY- ST- ZIP	CLEARWATER, FL 33762	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: <u>Stephanie M Shute</u> STEPHANIE M. SHUTE 4-22-08 (1727) 513-2033		