


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # F80447
 1. Entity Name
A-1 HYDRAULIC SERVICE, INC.



Principal Place of Business Mailing Address
7540 15TH ST E 7540 15TH ST E
SARASOTA, FL 34243 SARASOTA, FL 34243

DO NOT WRITE IN THIS SPACE



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2192783 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SILLIMAN, CHARLES F., IV
7540 15TH STREET E
SARASOTA, FL 34243

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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 *CHARLES F. SILLIMAN, IV (PRES)* *Charles F. Silliman* *4-3-07*
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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SILLIMAN, DONNA L 7540 15TH STREET E SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILLIMAN, CHARLES F IV 7540 15TH STREET E SARASOTA, FL 34243
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 04/16/07-80028-017 150.00

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: *DONNA SILLIMAN* *Donna Silliman* *4-3-07* *(941)360-0377*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #