

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90189 015 ***150.00

DOCUMENT # F91734

1. Entity Name
HYDRAULIC PROFESSIONALS, INC.



Principal Place of Business
1302 N 34TH STREET
TAMPA, FL 33605

Mailing Address
1302 N 34TH STREET
TAMPA, FL 33605



02212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2211048	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

ROBINSON, CHARLES B
1302 N 34TH STREET
TAMPA, FL 33605

**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 _____

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

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	PD ROBINSON, CHARLES B 1302 N 34TH STREET TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUERCIO, CARMELLO A. 1302 N 34TH STREET TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHN, JERROL I. 1302 N 34TH STREET TAMPA, FL 33605
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Charles B. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-04 813-248-1968