

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90137 046 \*\*\*150.00

**DOCUMENT # H32448**

1. Entity Name

HOSE & HYDRAULICS, INCORPORATED



Principal Place of Business

C/O NORMAN DEAN BEACH  
504 S MYRTLE AVE  
CLEARWATER FL 34616-5614

Mailing Address

C/O NORMAN DEAN BEACH  
504 S MYRTLE AVE  
CLEARWATER FL 34616-5614



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

59-2471527

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

BEACH, NORMAN DEAN  
504 S MYRTLE AVE  
CLEARWATER FL 34616

Name

BONIN, JON W.

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

2157 BRADFORD ST

City

CLEARWATER

FL

Zip Code

33760

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

TITLE PSTD ☐ Delete  
NAME BEACH, NORMAN D  
STREET ADDRESS 920 PINELLAS STREET  
CITY-ST-ZIP CLEARWATER FL

TITLE VP ☐ Delete  
NAME BONIN, JON W  
STREET ADDRESS 15690 MORGAN ST  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Change ☐ Addition  
NAME BEACH, NORMAN D.  
STREET ADDRESS 1280 LAKEVIEW RD #301  
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE PSTD ☒ Change ☐ Addition  
NAME BONIN, JON W.  
STREET ADDRESS 2157 BRADFORD ST.  
CITY-ST-ZIP CLEARWATER, FL 33760

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

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

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

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

Date

Daytime Phone #

4-6-05 722-461-2079