2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H88219

1. Entity Name
BROWARD HYDRAULIC JACK, INC.

Principal Place of Business	Mailing Address
3907 SOUTHWEST 12TH COURT FORT LAUDERDALE, FL 33312	3907 SOUTHWEST 12TH COURT FORT LAUDERDALE, FL 33312

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03222007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2626727	Not Applicable

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

6. Name and Address of Current Registered Agent

MCCLUNG, JON MICHAEL
3907 SOUTHWEST 12TH COURT
FORT LAUDERDALE, FL 33312

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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_____
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	VD
NAME	MCCLUNG, JON MICHAEL
STREET ADDRESS	6751 CYPRESS RD
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	AST
NAME	MCCLUNG, JAYNE ANN
STREET ADDRESS	6751 CYPRESS RD
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	ST
NAME	MCCLUNG, TAMI L
STREET ADDRESS	723 SW 20TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	P
NAME	MCCLUNG, JON A
STREET ADDRESS	723 SW 20TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/07-80003-023 150.00

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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: _Tami L McClung_ 3.14.07   954-583-2504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #