

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J48288**

1. Entity Name  
**HYDROPRO, INC.**



Principal Place of Business  
**1346 S. KILLIAN DRIVE  
LAKE PARK, FL 33403 US**

Mailing Address  
**1346 S. KILLIAN DRIVE  
LAKE PARK, FL 33403 US**



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2749415</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**HENDERSHAW, WILLIAM K  
1201 SEAFARER CIRCLE  
101  
JUPITER, FL 33477-9067**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PTS
NAME	HENDERSHAW, WILLIAM K
STREET ADDRESS	1201 SEAFARER CIRCLE 101
CITY-ST-ZIP	JUPITER, FL 334779067

TITLE	CD
NAME	HENDERSHAW, WILLIAM K
STREET ADDRESS	1201 SEAFARER CIRCLE 101
CITY-ST-ZIP	JUPITER, FL 334779067

TITLE	D
NAME	CRAWFORD, BRUCE
STREET ADDRESS	392-H GOLFVIEW RD.
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/05-80034-003 158.75

**DO NOT WRITE  
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:**

*William K. Hendershaw*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**561-848-6788**

Daytime Phone #