

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64219

FILED
Jan 14, 2009
Secretary of State

Entity Name: SUPERIOR HYDRAULICS, INC.

Current Principal Place of Business:

2690 C.R. 416 N.
LAKE PANASOFFKEE, FL 33538 US

New Principal Place of Business:

9507 HWY 92 EAST
TAMPA, FL 33610 US

Current Mailing Address:

2690 C.R. 416 N.
LAKE PANASOFFKEE, FL 33538 US

New Mailing Address:

P.O. BOX 3292
RIVERVIEW, FL 33568 US

FEI Number: 59-2866898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POJMANN, DONALD K. & JULIE L.
2690 C.R. 416 N.
LAKE PANASOFFKEE, FL 33538 US

Name and Address of New Registered Agent:

POJMANN, DONALD K. & JULIE L.
6904 MATHERS LANE
APT. B
RIVERVIEW, FL 33578 US

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.

SIGNATURE:

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POJMANN, DONALD KENN, ETH
Address: 2690 C.R. 416N
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D () Delete
Name: POJMANN, JULIE LYNNE,
Address: 2690 C.R. 416N
City-St-Zip: LAKE PANASOFFKEE, FL 33538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: POJMANN, DONALD KENN, ETH
Address: 6904 MATHERS LANE, APT. B
City-St-Zip: RIVERVIEW, FL 33578

Title: D (X) Change () Addition
Name: POJMANN, JULIE LYNNE,
Address: 6904 MATHERS LANE, APT. B
City-St-Zip: RIVERVIEW, FL 33578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE LYNNE POJMANN

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date