

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000090173

1. Entity Name
EXPERT HYDRAULICS, INC.



Principal Place of Business
2950 N W 17TH TERRACE
OAKLAND PARK, FL 33311

Mailing Address
2950 N W 17TH TERRACE
OAKLAND PARK, FL 33311

FILED
Aug 27, 2008 08:00 AM
Secretary of State



07132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2276358	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

DAIL, GREGORY ALAN
2950 N W 17TH TERRACE
OAKLAND PARK, FL 33311

**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAIL, GREGORY ALAN SR.
STREET ADDRESS	2950 N W 17TH TERRACE
CITY-ST-ZIP	OAKLAND PARK, FL 33311

TITLE	VPD
NAME	DAIL, CHRISTINE
STREET ADDRESS	2950 N W 17TH TERRACE
CITY-ST-ZIP	OAKLAND PARK, FL 33311

TITLE	STD
NAME	FRANKS, AURELIA L
STREET ADDRESS	2950 N W 17TH TERRACE
CITY-ST-ZIP	OAKLAND PARK, FL 33311

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000958448
08/27/08-80003-003 550.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/08

Date

954-486-2944

Daytime Phone #