

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117908

FILED  
Apr 12, 2009  
Secretary of State

Entity Name: HYDRAULIC HOSE & CYLINDER, INC.

## Current Principal Place of Business:

617 SOUTH EVERS STREET  
PLANT CITY, FL 33566

## New Principal Place of Business:

617 SOUTH EVERS STREET  
PLANT CITY, FL 33563

## Current Mailing Address:

617 SOUTH EVERS STREET  
PLANT CITY, FL 33566

## New Mailing Address:

FEI Number: 59-3689164      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CALLIS, GLENN W  
Address: 617 SOUTH EVERS STREET  
City-St-Zip: PLANT CITY, FL 33566

Title: VSTD ( ) Delete  
Name: CALLIS, PATRICIA A  
Address: 617 SOUTH EVERS STREET  
City-St-Zip: PLANT CITY, FL 33566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CALLIS, GLENN W  
Address: 617 SOUTH EVERS STREET  
City-St-Zip: PLANT CITY, FL 33563

Title: VSTD (X) Change ( ) Addition  
Name: CALLIS, PATRICIA A  
Address: 617 SOUTH EVERS STREET  
City-St-Zip: PLANT CITY, FL 33563

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: GLENN W. CALLIS

PD

04/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date