

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034692

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: CERTIFIED HYDRAULICS, INC.

**Current Principal Place of Business:**

22265-135TH CRT  
O'BRIEN, FL 32071

**New Principal Place of Business:**

9351 220TH ST  
O'BRIEN, FL 32071

**Current Mailing Address:**

PO BOX 123  
O BRIEN, FL 32071

**New Mailing Address:**

FEI Number: 52-2306178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPSON, SUSIE  
22265-135TH CRT  
O BRIEN, FL 32071 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: THOMPSON, GARY M  
Address: 22265 135TH CT  
City-St-Zip: O'BRIEN, FL 32071

Title: SD ( ) Delete  
Name: THOMPSON, SUSIE  
Address: 22265 135TH CT  
City-St-Zip: O'BRIEN, FL 32071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSIE THOMPSON

SECR

04/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date