## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2007 08:00 A Secretary of State

	ANNUAL	. REPORT			P	Carrada a C Cd
DOCU	MENT # P01000118	3437			,	Secretary of Sta
1. Entity Nam INDUSTF	RIAL HYDRAULIC SERVICE	ES, INCORPORATED				
Principal Plac	e of Business	Mailing Address	·	1		
524 LI FAIR PENSACOLA,	PL	524 LI FAIR PL PENSACOLA, FL 32506		1 10 5110 0 4 416 01	BIEL IIBM BBEIL BBIIL GBIT	DE TRANS TRANSFORME RIGHT REFERENCE FOR THE SECOND
DO NOT WRITE IN THIS SPA			<b>CE</b>	04102007 4. FEI Number 01-0553	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent .				
524 LI FAI	A, DANIEL J R PL DLA, FL 32506				NOT W HIS SP	
8. The above	name sentity submits this statement for	the purpose of changing its registe	ered office or register	ed agent, or both,	, in the State of Flo	rida I am familiar with, and accept
the obligat	ions of equistered agent.	Q 7/4			· · ·	0.00
• .	Signature, typed or printed name of registered agent	and title if applicable (NOTE, Hegists	ered Agent signature required	when reinstating)		DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaign Fin Trust Fund Contribution		.00 May Be led to Fees		
10.	OFFICERS AND	DIRECTORS				
NAME STREET ADDRESS CITY-SI-ZIP	D MCKENNA, DANIEL J 524 LI FAIR PL PENSACOLA, FL 32506					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					U00( 04/24/(	000707341 07-80071-004 150.0p
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO I	NOT W	RITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN T	HIS SP	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		].			
TIPLE			<b>-</b>			
NAME		,,				

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	Date	Daytime Phone #

STREET ADDRESS CITY - ST - ZIP