


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000042043 <small>1. Entity Name</small> M & M MOBILE HYDRAULICS, INC.	
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<small>Principal Place of Business</small> 4320 BESSEMER RD. BROOKSVILLE, FL 34602	<small>Mailing Address</small> 4320 BESSEMER RD. BROOKSVILLE, FL 34602
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03142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0587166	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MORSE, JUDY L
4320 BESSEMER RD.
BROOKSVILLE, FL 34602

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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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

110000090863
03/17/04-80036-007 150.00

10. OFFICERS AND DIRECTORS	
<small>TITLE</small> PD	<small>NAME</small> MORSE, MARK S
<small>STREET ADDRESS</small> 4320 BESSEMER RD	<small>CITY - ST - ZIP</small> BROOKSVILLE, FL 34602
<small>TITLE</small> NAME	<small>STREET ADDRESS</small> CITY - ST - ZIP
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<small>TITLE</small> NAME	<small>STREET ADDRESS</small> CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mark S Morse **3/13/04** **352-584-9796**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #