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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 APR 20 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03082005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000103033

1. Entity Name
CENTRAL HYDRAULICS OF OCALA, INC.

Principal Place of Business	Mailing Address
2811 N.W. 8TH PLACE OCALA, FL 34475	2811 N.W. 8TH PLACE OCALA, FL 34475

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 9187
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Daytona Bch Fl
Zip / Country	Zip: 32120 / Country

4. FEI Number: 20-1395314 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAVEZ, CHRIS E
2811 N.W. 8TH PLACE
OCALA, FL 34475

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: Chavez, Chris E STREET ADDRESS: P.O. BOX 9187 CITY-ST-ZIP: Dayton Bch, Fl 32120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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)(i), 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] Chris Chavez Pres 3/28/05 (386) 253-2568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #