2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 05, 2007 08:00 Al **Secretary of State DOCUMENT # P04000103033** 1. Entity Name CENTRAL HYDRAULICS OF OCALA, INC. Mailing Address Principal Place of Business 2811 N.W. 8TH PLACE PO BOX 9187 OCALA, FL 34475 DAYTONA BEACH, FL 32120 01172007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1395314 Not Applicable \$8,75 Additional 5. Cortificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CHAVEZ, CHRIS E DO NOT WRITE 2811 N.W. 8TH PLACE OCALA, FL 34475 IN THIS SPACE 3. 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 tide if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MILE CHAVEZ, CHRIS E NAME STREET ADDRESS PO BOX 9187 DAYTON BEACH, FL 32120 CITY-ST-789 III F NAME U00000654914 STREET ADDRESS 03/13/07-80082-020 150.00 CITY-5T-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE mE NAME STREET ADDRESS CITY-ST-ZIP NAME

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 employered to execute this tenent 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 the florement.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS CITY-ST-ZIP

NO OFFICER OR DIRECTOR