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2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 JUN 25 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000103033

1. Entity Name
CENTRAL HYDRAULICS OF OCALA, INC.

Principal Place of Business	Mailing Address
2811 N.W. 8TH PLACE OCALA, FL 34475	PO BOX 9187 DAYTONA BEACH, FL 32120

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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~~ 2811 NW 8th Pl
~~OCALA, FL 34475~~ Ocala FL 34475

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHAVEZ, CHRIS E
STREET ADDRESS	~~PO BOX 9187~~ 2811 NW 8th Pl
CITY-ST-ZIP	~~DAYTON BEACH, FL 32120~~ Ocala FL 34475
TITLE	V Pres
NAME	Scott Strickland
STREET ADDRESS	2811 NW 8th Pl
CITY-ST-ZIP	Ocala FL 34475
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Chris Chavez Pres 4/8/08 (386)253-2568
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #