

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 JUN -9 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000171085 1. Entity Name EAST COAST MOBILE HYDRAULIC, INC.			
Principal Place of Business 1677 NEW TOWN TERRACE PORT ORANGE, FL 32129 US		Mailing Address 1677 NEW TOWN TERRACE PORT ORANGE, FL 32129 US	
2. Principal Place of Business - No P.O. Box # 40 Holly Street Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Ormond Beach, FL		City & State City & State	
Zip 32174		Country Volusia	
4. FEI Number 20-2045770		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, PATRICK S 1677 NEW TOWN TERRACE PORT ORANGE, FL 32129		7. Name and Address of New Registered Agent Name Scott Drewry Street Address (P.O. Box Number is Not Acceptable) 40 Holly St City Ormond Beach FL Zip Code 32174	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete FOSTER, PATRICK S 1677 NEW TOWN TERRACE PORT ORANGE, FL 32129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600131199326 06/11/08--01034--007 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete President Eric Drewry 4242 Hadenlakes Rd Port Orange, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V-President Scott Drewry 422 Cactus St Port Orange, FL 32129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Sect / Treas. Arthur Drewry 5964 Trailwood Drive Port Orange, FL 32129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5-29-08 Daytime Phone # 386-527-9731	