



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90004 004 \*\*\*150.00

<b>DOCUMENT # P05000052449</b> 1. Entity Name <b>M &amp; S HYDRAULICS, INC.</b>					
Principal Place of Business <b>9302 125 AVE FELLSMERE, FL 32948</b>			Mailing Address <b>9302 125 AVE FELLSMERE, FL 32948</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>6023 Elgin Rd</b> Suite, Apt. #, etc.			
City & State <b>Cocoa FL</b>		City & State <b>Cocoa FL</b>		4. FEI Number <b>38-3719761</b>	
Zip <b>32927</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, LAURA S 9302 125 AVE FELLSMERE, FL 32948</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECKERT, STEVEN C 6023 ELGIN RD COCOA, FL 32927	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, JERALD E JR 9302 125 AVE FELLSMERE, FL 32948	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DECKERT, MARIA ELENA 6023 ELGIN RD COCOA, FL 32927	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, LAURA SCHULER 9302 125 AVE FELLSMERE, FL 32948	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Maria Elena Deckert</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>2/21/06</u> Daytime Phone: <u>321-690-4357</u>	