

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000052449

1. Entity Name  
M & S HYDRAULICS, INC.



Principal Place of Business

9302 125 AVE  
FELLSMERE, FL 32948

Mailing Address

6023 ELGIN RD  
COCOA, FL 32927



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
38-3719761

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SMITH, LAURA S  
9302 125 AVE  
FELLSMERE, FL 32948

**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, 2007 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	DECKERT, STEVEN C
STREET ADDRESS	6023 ELGIN RD
CITY-ST-ZIP	COCOA, FL 32927
TITLE	VP
NAME	SMITH, JERALD E JR
STREET ADDRESS	9302 125 AVE
CITY-ST-ZIP	FELLSMERE, FL 32948
TITLE	S
NAME	DECKERT, MARIA ELENA
STREET ADDRESS	6023 ELGIN RD
CITY-ST-ZIP	COCOA, FL 32927
TITLE	T
NAME	SMITH, LAURA SCHULER
STREET ADDRESS	9302 125 AVE
CITY-ST-ZIP	FELLSMERE, FL 32948
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/07-80027-011 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/08 321-640-4357