2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2008 8:00 am Secretary of State

DOCUMENT # P05000052449 1. Entity Name M & S HYDRAULICS, INC.						02-13-2008 90025 022 ***150.00					
Principal Plac	e of Business	Mailing Address		L							
9302 125 AVE FELLSMERE, FL 32948		6023 ELGIN RD COCOA, FL 32927								,	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
28100 (artisklud)		Suite, Apt. #, etc.						ETII 48ili 84i6i 8rii	E IIBII BIBII BIBIB (31		
Sulte, Apt. #, etc.						02062008	Chg-P	CR2	E034 (12/06)		
Port ST John Fl		City & State				4. FEI Number 38-3719			<u> </u>	plied For t Applicable	
328,2	7 Brivara	Zip Count		try	5. Certificate of Sta		f Status Des	ired 🗌	\$8.75 Add	itional d	
00 (10)	6. Name and Address of Current F	Registered Agent				7. Name and	Address of N	lew Registere	d Agent		
SMITH, LAURA'S 9302 125 AVE FELLSMERE, FL 32948					Name Street Address (P.O. Box Number is Not Acceptable)						
			City	City				FL 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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE On the content of the con											
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaid Trust Fund Contr		ncing		00 May Be ed to Fees			erice To the c proper	Species Ling and Area of the	
10.#116 #k	OFFICERS AND D	DIRECTORS	11.			ADDITIONS/C	HANGES TO	OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE NAME	P STEVENC	☐ Delete	TITLE					•	Change	Addition	
STREET ADDRESS	DECKERT, STEVEN C 6023 ELGIN RD			ET ADDRESS						•	
CITY-\$1-ZIP	COCOA, FL 32927		CITY	-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, JERALD E JR 9302 125 AVE FELLSMERE, FL 32948	☐ Delete			5M1 128	th, Jer 55 83 Smele	ald e	; је t 32949	Change	☐ Addition	
TITLE	S	☐ Delete	TITLE		<u></u>				Change	☐ Addition	
NAME	DECKERT, MARIA ELENA		NAM								
STREET ADDRESS CITY-ST-ZIP	6023 ELGIN RD COCOA, FL 32927		1	ET ADORESS -SI-ZIP						_	
TITLE	T	□ Delete	TITLE		7	h, Laura 55 - 8 ISMere	schi	le r	Change	Addition	
NAME	SMITH, LAURA SCHULER		NAM	ŧ	5m17	55 - 8	SRZ	St	•	_	
STREET ADDRESS	9302 125 AVE			ET ADDRESS - ST - ZIP	ر د ه ار اد م ار) Cl	27948	,		
CITY-ST-ZIP	FELLSMERE, FL 32948	☐ Delete	TITLE		ren	SINOR		JUIN	☐ Change .	Addition	
NAME		L.J Celle	NAM	1					ontinge ,		
STREET ADDRESS				ET ADDRESS						Í	
CITY-ST-ZIP,				-ST-ZIP				<u> </u>	[] Obsess	Addition	
TITLE NAME		☐ Delete	TITLE	-					L Change	Addition	
STREET ADDRESS			STRE	ET ADDRESS					in the control of the		
CITY-ST-ZIP				-ST-ZIP						102	
12. I hereby	certify that the information supplied with on this report or supplemental report is	this filing does not qualify fo	r the exe	emptions co	ontained	in Chapter 119,	Florida Statu	ites, i further o	ertity that the in	ntormation or director	

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

Date

Deptime Phone F