
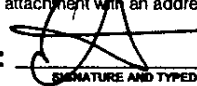


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000132771</b> 1. Entity Name NAPLES HYDRAULICS, INC.			
Principal Place of Business 3888 MANNIX DR. STE. 317 NAPLES, FL 34113		Mailing Address 3888 MANNIX DR. STE. 317 NAPLES, FL 34113	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 03192008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 43-2112617	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BASS, RAYMOND L JR 2335 TAMiami TRAIL N. STE. 409 NAPLES, FL 34103		<b>DO NOT WRITE IN THIS SPACE</b>	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U00000868318 04/09/08-80004-009 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D/P STEINMANN, BRADFORD W JR 2805 HORSESHOE DR. S NAPLES, FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D/P STEINMANN, JOSEPH E 2805 HORSESHOE DR. S NAPLES, FL 34104	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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: 		3/19/08 239-455-8891	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	