

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000041019

FILED
Apr 28, 2008
Secretary of State

Entity Name: FLUID SYSTEMS & CONTROLS, INC.

Current Principal Place of Business:

1050 INNOVATION AVE
B107
NORTH PORT, FL 34289 US

New Principal Place of Business:

Current Mailing Address:

C/O JACK O. HACKETT
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-0506882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKETT, JACK O II
99 NESBIT ST.
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: DAVIS, DONN
Address: 1050 INNOVATION AVE B107
City-St-Zip: NORTH PORT, FL 34289 US

Title: VPSD () Delete
Name: RILEY, JIM
Address: 1050 INNOVATION AVE B107
City-St-Zip: NORTH PORT, FL 34289 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONN DAVIS

MGR

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date