



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000009208 1. Entity Name AUTO HYDRAULICS INC.						FILED 04 OCT -8 PM 12:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 109 GRETCHEN AVENUE LEHIGH ACRES, FL				Mailing Address 109 GRETCHEN AVENUE LEHIGH ACRES, FL			
2. Principal Place of Business 202 Wallace Ave Suite, Apt. #, etc. #21		3. Mailing Address 202 Wallace Ave Suite, Apt. #, etc. #21					
City & State Lehigh Acres, FL Zip 33971		City & State Lehigh Acres, FL Zip 33971		4. FEI Number 65-0644938		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FLINT, TINA 109 GRETCHEN AVENUE LEHIGH ACRES, FL 33936				7. Name and Address of New Registered Agent Name Tina Robinson Street Address (P.O. Box Number is Not Acceptable) 202 Wallace Ave #21 City Lehigh Acres FL Zip Code 33971			
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: Tina Robinson 7/4/04 <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 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, GREG 109 GRETCHEN AVE. LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Greg Robinson 202 Wallace Ave #21 Lehigh Acres, FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLINT, TINA 109 GRETCHEN AVE. LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tina Robinson 202 Wallace Ave #21 Lehigh Acres, FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300041709829 10/08/04--01029--010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Tina Robinson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 7/4/04 <small>Daytime Phone #</small>			