2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State
04-22-2008 90022 039 ***150.00

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1. Entity Name
CENTRAL HYDRAULICS HOSE & ACCESSORIES, INC.

Principal Place of Business	Mailing Address
820 THOMAS AVENUE LEESBURG, FL 34748 US	P.O. BOX 9187 DAYTONA BEACH, FL 32120 US

DO NOT WRITE IN THIS SPACE

DOU11004

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3425753
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHAVEZ, CHRIS E
~~820 THOMAS AVENUE~~ ~~PO Box 9187~~
~~LEESBURG, FL 34748~~ ~~Daytona Beach, FL~~ ~~32120~~
1580 N. Nova Rd
Daytona Beach, FL 32117

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	CHAVEZ, CHRIS E
STREET ADDRESS	18 GARDEN DRIVE
CITY-ST-ZIP	DELAND, FL 32724
TITLE	VP
NAME	STRICKLAND, T.F.
STREET ADDRESS	5170 HWY 11
CITY-ST-ZIP	DELAND SPRINGS, FL 32130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Chris Chavez Pres 4/8/08 (386)253-2568
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #