2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000016894

Name: Address:

City-St-Zip:

1392 PLUMOSA DRIVE

FORT MYERS, FL 33901

Entity Name: D & D MACHINE & HYDRAULICS, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10945 METRO PARKWAY SE FORT MYERS, FL 33966 **Current Mailing Address: New Mailing Address:** 5294 SUMMERLIN COMMONS WAY 5256 SUMMERLIN COMMONS WAY SUITE 203 SUITE 1203 FORT MYERS, FL 33907 FORT MYERS, FL 33907 US FEI Number: 65-0898245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: D. TODD MCGEE D. TODD MCGEE 5256 SUMMERLIN COMMONS WAY 5294 SUMMERLIN COMMONS WAY SUITE 203 SUITE 1203 FORT MYERS, FL 33907 US FORT MYERS, FL 33907 US 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: 04/16/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HARLAN, W JACK JR Name: Name: 10945 METRO PARKWAY SE Address: Address: City-St-Zip: FORT MYERS, FL 33966 City-St-Zip: Title: STD Title: () Delete (X) Change () Addition Name: D. TODD MCGEE Name: D. TODD MCGEE 5256 SUMMERLIN COMMONS WAY #203 5294 SUMMERLIN COMMONS WAY #1203 Address: Address: FORT MYERS, FL 33907 FORT MYERS, FL 33907 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition BARTHOLOMEW, BRUCE Name: Name: PO BOX 361 Address: Address: City-St-Zip: FORT MYERS, FL 33902 City-St-Zip: Title: () Delete Title: () Change () Addition BALLANTINE, WILLIAM F

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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: W JACK HARLAN JR 04/16/2009