


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003993		
1. Entity Name MARINE HYDRAULICS INTERNATIONAL, INC.		
Principal Place of Business 543 E INDIAN RIVER ROAD NORFOLK, VA 23523	Mailing Address 543 E INDIAN RIVER ROAD NORFOLK, VA 23523	



07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1034510	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BRANDT, GARY R 3652 SEAGULL BLUFF DRIVE VIRGINIA BEACH, VA 23455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCVP MULROY, TERENCE P 804 MILDEN HALL DRIVE CHESAPEAKE, VA 23320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WALKER, MICHAEL E 1809 FOXHOUND LANDING VIRGINIA BEACH, VA 23454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPP LAUTERBACH, KIM 4408 DARTMOOR CIRCLE CHESAPEAKE, VA 23321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP EPLEY, THOMAS W 904 FOREST LAKES CIRCLE CHESAPEAKE, VA 23322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO SLIZEWSKI, ANDREW J 709 COQUINA LANE VIRGINIA BEACH, VA 23451

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 07/17/07-80001-023-158-75

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: [Signature] **CFD** Date: 7/9/07 Daytime Phone #: 757 545 6400 x225