


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005414

1. Entity Name
FOREMOST PIPELINE CONSTRUCTION CO., INC.



Principal Place of Business PO BOX 1087 EUNICE, LA 70535	Mailing Address PO BOX 1087 EUNICE, LA 70535
--	--

DO NOT WRITE IN THIS SPACE



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-0472576	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000055513
 02/18/04-80004-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SOILEAU, JOHN E 110 RUE NORMANDIE EUNICE, LA 70535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'ROKE, MARK 427 RUE NORMANDIE EUNICE, LA 70535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEIER, CRAIG 206 WESTFIELD LAFAYETTE, LA 70503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POCHE, JEFFREY 416 SHELLY LAFAYETTE, LA 70503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOILEAU, GERALDINE 110 RUE NORMANDIE EUNICE, LA 70535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOILEAU, ANDRE 110 RUE NORMANDIE EUNICE, LA 70535

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mal W. Okh 2/11/04 337-546-0241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #