


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000004554

1. Entity Name
SERVICE OFFSHORE PAINTING, INC.



Principal Place of Business
**1670 E. CARDINAL DRIVE
 BEAUMONT, TX 77705**

Mailing Address
**1670 E. CARDINAL DRIVE
 BEAUMONT, TX 77705**

DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number
76-0280433

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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
After May 1, 2006 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	DAVIS, JEFF
STREET ADDRESS	7305 UP RIVER ROAD
CITY-ST-ZIP	CORPUS CHRISTI, TX 78409
TITLE	ST
NAME	DUCHARME, LARRY
STREET ADDRESS	1670 E. CARDINAL DRIVE
CITY-ST-ZIP	BEAUMONT, TX 77705
TITLE	D
NAME	BROCK, BRAD
STREET ADDRESS	1670 E. CARDINAL DRIVE
CITY-ST-ZIP	BEAUMONT, TX 77705
TITLE	D
NAME	BOURQUEIN, LORIN
STREET ADDRESS	1670 E. CARDINAL DRIVE
CITY-ST-ZIP	BEAUMONT, TX 77705
TITLE	D
NAME	BROCK, TODD
STREET ADDRESS	1670 E. CARDINAL DRIVE
CITY-ST-ZIP	BEAUMONT, TX 77705
TITLE	T
NAME	SMITH, PHIL
STREET ADDRESS	1670 E CARDINAL DR.
CITY-ST-ZIP	BEAUMONT, TX 77705

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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: Phil Smith **Phil Smith** 2/8/06 409 833-6226

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