

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000006826

1. Entity Name
PULPMILL SERVICES, INC.



Principal Place of Business
**803 WEST FIRST
CROSSETT, AR 71635**

Mailing Address
**803 WEST FIRST
CROSSETT, AR 71635**

DO NOT WRITE IN THIS SPACE



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-4352584

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**

**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

Signature, typed or printed name of registered agent and title if applicable

(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**

**U00000502078
04/25/06-80088-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARSH, RONNIE O
STREET ADDRESS	120 OAK TRAIL
CITY-ST-ZIP	MONROE, LA
TITLE	V
NAME	WEBB, MIKE
STREET ADDRESS	120 BRENTWOOD CIRCLE
CITY-ST-ZIP	CROSSETT, AR
TITLE	ST
NAME	RICE, DONNA
STREET ADDRESS	117 BRENTWOOD CIRCLE
CITY-ST-ZIP	CROSSETT, AR
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Donna Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06

Date

Daytime Phone #