

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006826

Entity Name: PULPMILL SERVICES, INC.

FILED  
Jul 17, 2007  
Secretary of State

## Current Principal Place of Business:

803 WEST FIRST  
CROSSETT, AR 71635

## New Principal Place of Business:

## Current Mailing Address:

803 WEST FIRST  
CROSSETT, AR 71635

## New Mailing Address:

FEI Number: 36-4352584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARSH, RONNIE O  
Address: 120 OAK TRAIL  
City-St-Zip: MONROE, LA

Title: V ( ) Delete  
Name: WEBB, MIKE  
Address: 120 BRENTWOOD CIRCLE  
City-St-Zip: CROSSETT, AR

Title: ST ( ) Delete  
Name: RICE, DONNA  
Address: 117 BRENTWOOD CIRCLE  
City-St-Zip: CROSSETT, AR

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: KINCHEN, CHARLES  
Address: 803 WEST FIRST AVENUE  
City-St-Zip: CROSSETT, AR 71635

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.

SIGNATURE: CHARLES KINCHEN

ST

07/17/2007

Electronic Signature of Signing Officer or Director

Date