

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002933

FILED
Mar 01, 2006
Secretary of State

Entity Name: TURNAROUND WELDING SERVICES, INC.

Current Principal Place of Business:

1605 S BATTLEGROUND RD
LA PORTE, TX 77571

New Principal Place of Business:

Current Mailing Address:

29371 FROST RD.
LIVINGSTON, LA 70754

New Mailing Address:

FEI Number: 41-2037553

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARZA, EDDIE
Address: 29371 FROST RD.
City-St-Zip: LIVINGSTON, LA 70754

Title: VPO () Delete
Name: UNDERWOOD, MICHAEL
Address: 29731 FROST RD.
City-St-Zip: LIVINGSTON, LA 70754

Title: D () Delete
Name: STRICKLAND, JERRY R
Address: 1605 BATTLEGROUND ROAD
City-St-Zip: LA PORTE, TX 77571

Title: D () Delete
Name: ROBINSON, JAMES T
Address: 1605 BATTLEGROUND RD
City-St-Zip: LA PORTE, TX 77571

Title: D () Delete
Name: WALTON, J. MICHAEL
Address: 1605 BATTLEGROUND RD
City-St-Zip: LA PORTE, TX 77571

Title: D () Delete
Name: SAIN, PHILLIP
Address: 1605 BATTLEGROUND RD
City-St-Zip: LA PORTE, TX 77571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL UNDERWOOD

VPO

03/01/2006

Electronic Signature of Signing Officer or Director

Date