
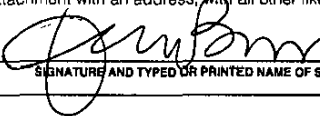


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90012 007 \*\*\*150.00

<b>DOCUMENT # F03000003826</b>			
1. Entity Name HMT TANK SERVICE INC.			
Principal Place of Business 23832 TOMBALL PARKWAY TOMBALL, TX 77375		Mailing Address 23832 TOMBALL PARKWAY TOMBALL, TX 77375	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01062005		Chg-P CR2E034 (10/03)	
4. FEI Number 52-2207350		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCE, SCOTT 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCIO, JANIE M. 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TESCH, GARY 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLINE, GARY W. 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT DACHES, JOSEPH 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TAFF, MICHAEL S. 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHANDLER, RUSTON PRATHER 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENDELL, JONATHAN P. 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSTON, SAM E 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWS, THOMAS R. 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRIFFIN, LINDA 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, MILLARD H. JR. 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		JANIE M. BUCIO - 1-5-05 281-401-7300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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