


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90014 005 ***150.00

DOCUMENT # F03000003826	
1. Entity Name HMT TANK SERVICE INC.	

Principal Place of Business 9800 WALDEN RD BEAUMONT, TX 77707	Mailing Address 23832 TOMBALL PARKWAY TOMBALL, TX 77375
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2. Principal Place of Business - No P.O. Box # 2002 TIMBERLOCH PL	3. Mailing Address 2002 TIMBERLOCH PL
Suite, Apt. #, etc. Suite 550	Suite, Apt. #, etc. Suite 550
City & State THE WOODLANDS, TX	City & State THE WOODLANDS, TX
Zip 77380	Country U.S.A

03072007 Chg-P CR2E034 (12/06)

4. FEI Number 52-2207350	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCE, SCOTT D 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCE, SCOTT D 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCIO, JANIE M 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCIO, JANIE M 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLINE, GARY W 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLINE, GARY W 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSTON, SAM E 23832 TOMBALL PARKWAY TOMBALL, TX 77375 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUCIO, JANIE M 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380 <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	AS GRIFFIN, LINDA 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KNIGIN, MICHAEL J 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380 <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 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:  3/23/07 281-681-7032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #