

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90026 045 ***550.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000004254			
1. Entity Name TEAM OCEAN SERVICES, INC.			
Principal Place of Business 500 ALL STAR DR. WINNSBORO, TX 75494		Mailing Address P.O. BOX 149 WINNSBORO, TX 75494	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		07242007 Chg-P CR2E034 (12/06)	
		4. FEI Number 75-2673100	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHESTNUT, SANDRA 1700 OWENS RD. JACKSONVILLE, FL 32229		Name <u>DORIS COMER</u> Street Address (P.O. Box Number is Not Acceptable) <u>13291 VANTAGE WAY</u> <u>Suite 104</u> City <u>JACKSONVILLE</u> FL <u>32218</u>	
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 <u>[Signature]</u> - <u>President</u>		DATE <u>7-26-07</u>	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 HONEYCUTT, RANDY P.O. BOX 149 WINNSBORO, TX 75494 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mauro, Robert 629 W Broadway Winnsboro TX 75494 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIENINGER, KIM P.O. BOX 149 WINNSBORO, TX 75494 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Buford, Howard K. 3340 B Greens Rd Ste 310 Houston TX 77032 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNSON, JOE E 500 ALL STAR DR. WINNSBORO, TX 75494 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Brunson, Joe E. 500 All Star Dr. Winnsboro TX 75494 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONEYCUTT, RANDY 500 ALL STAR DR. WINNSBORO, TX 75494 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Honeycutt, Elizabeth 500 All Star Dr. Winnsboro TX 75494 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COKER, JIM 500 ALL STAR DR. WINNSBORO, TX 75494 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNSON, BOBBY J 500 ALL STAR DR. WINNSBORO, TX 75494 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brunson, Bobby J. 629 W Broadway Winnsboro TX 75494 ☒ Change ☐ 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: <u>[Signature]</u>		Date <u>7/26/07</u> 904 741 4103	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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