
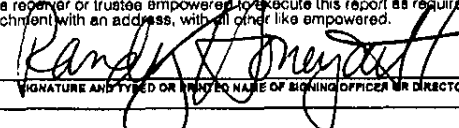


FILED
Feb 04, 2008 08:00 AM
Secretary of State

**2008 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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COMER, DORIS 13291 VANTAGE WAY SUITE 104 JACKSONVILLE, FL 32218		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		02/12/08-80066-025 150.00
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	HONEYCUTT, RANDY	
STREET ADDRESS	P.O. BOX 149	
CITY-ST-ZIP	WINNSBORO, TX 75494	
TITLE	D	
NAME	ROBERT, MAURO	
STREET ADDRESS	629 W. BROADWAY	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	WINNSBORO, TX 75494	
TITLE	D	
NAME	BRUNSON, JOE E	
STREET ADDRESS	500 ALL STAR DR.	
CITY-ST-ZIP	WINNSBORO, TX 75494	
TITLE	VP	DO NOT WRITE IN THIS SPACE
NAME	HOWARD, BUFORD K	
STREET ADDRESS	3340 B. GREEN RD STE 310	
CITY-ST-ZIP	HOUSTON, TX 77032	
TITLE	C	
NAME	BRUNSON, JOE E	
STREET ADDRESS	500 ALL STAR DR.	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	WINNSBORO, TX 75494	
TITLE	D	
NAME	BRUNSON, BOBBY J	
STREET ADDRESS	629 W. BROADWAY	
CITY-ST-ZIP	WINNSBORO, TX 75494	
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: 		1-25-08 903-342-3516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #