

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000005157

1. Entity Name
EASTERN FISHING & RENTAL TOOL CO., INC.



Principal Place of Business
**2406 MOOSE DRIVE
LAUREL, MS 39440**

Mailing Address
**PO BOX 292
LAUREL, MS 39441**



06272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0832141

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000569367

07/11/06-80022-014 150.00
DATE

**FILE NOW!!! FEE IS \$150.00 ✓
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
WELCH, NICK
74 CANEBRAKE BLVD
HATTIESBURG, MS 39402**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCVP
ROBERTS, MARK
PO BOX 61
MIZE, MS 39116**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCINTOSH, LARRY
503 LAURELWOOD CIRCLE
LAUREL, MS 39440**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CROSBY, JERRY
199 MCKENZIE DRIVE
ELLISVILLE, MS 39437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Mark R. Roberts - **MARK R. Roberts**

✓ **7/5/06**

✓ **601-649-1454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #