

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000001096

1. Entity Name
GAS GATHERING SPECIALISTS, INC.



Principal Place of Business
631 MAIN STREET
STINNETT, TX 79083 US

Mailing Address
P.O. BOX 1248
STINNETT, TX 79083 US



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
73-1164155

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000390725
01/24/06-80010-008 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RICHARDSON, DENNIS R
212 PLUM, PO BOX 3395
STINNETT, TX 79083

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FLANAGAN, F. STEVE
9159 COUNTY RD O, PO BOX 1194
STINNETT, TX 79083

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RICHARDSON, PEGGY A
212 PLUM, PO BOX 3395
STINNETT, TX 79083

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *F. Steve Flanagan* F. Steve Flanagan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06
Date

(806) 878-289
Daytime Phone #