

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 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**

DO NOT WRITE IN THIS SPACE



01082007 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**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000585048
01/12/07-80063-008 150.00

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-0-07