


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # F94000003131		
1. Entity Name PLANT & MACHINERY, INC.		
Principal Place of Business 2901 W SAMHOUSTON PKWY A-130 HOUSTON, TX 77043 US	Mailing Address PO BOX 19100 HOUSTON, TX 77224-9100	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRAMAN, JULIE 47TH FLOOR 200 SOUTH BISCAYNE BLVD MIAMI, FL 33131		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 reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BRAMAN, ROBERT J 2923 KENROSS HOUSTON, TX 77043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVT MOORE, RONALD G 22502 BAY HOLLOW KATY, TX 77450	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASSEY, MICHAEL 1400 POST OAK BLVD STE 400 HOUSTON, TX	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/17/06</u> Daytime Phone #: <u>713-6914660</u>



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0110724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/04/06-80107-017 150.00

**DO NOT WRITE
IN THIS SPACE**