

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 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**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0110724

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	BRAMAN, ROBERT J
STREET ADDRESS	2923 KENROSS
CITY-ST-ZIP	HOUSTON, TX 77043
TITLE	VCVT
NAME	MOORE, RONALD G
STREET ADDRESS	22502 BAY HOLLOW
CITY-ST-ZIP	KATY, TX 77450
TITLE	S
NAME	MASSEY, MICHAEL
STREET ADDRESS	1400 POST OAK BLVD STE 400
CITY-ST-ZIP	HOUSTON, TX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000686427
04/09/07-80045-009 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-07

713-691-4401