2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F94000005581

UNITED SCAFFOLDING, INC.

Principal Place of Business

3640 W 12TH STREET HOUSTON, TX 77008 Mailing Address

3640 W 12TH STREET HOUSTON, TX 77008

US

FILED Feb 27, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02212006

No Chg-P

CR2E034 (11/05)

4. FEI Number 72-1225867 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 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

MOORE, PATH

3640 W 12TH ST HOUSTON, TX 77008

3640 W 12TH ST

WARNER, HERBERT E

HOUSTON, TX 77008

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			IN THIS SPACE				
	named entity submits this statement for the patients of registered agent.	urpose of changing its registered	alfice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE Registered A	ent signatura	required when reinstating)	OA řE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financir Trust Fund Contribution.)9 	\$5.00 May Be Added to Fees			
tū.	OFFICERS AND DIRECTORS				<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD APPLING, JR., MIKE 3640 W 12TH ST HOUSTON, TX. 77008				Hannan450068 n3/n3/ 0 6-800 77- 02 3 1 50.0 0		
TITLE NAME STREET ADDRESS OTY-ST-ZIP	T WATTS, RICHARD 3640 W 12TH ST HOUSTON, TX 77008				11.W 11.07 GB GBG ({ GBG 130.00		
TITLE NAME STREET ADDRESS CITY ST. 719	S HOOVER, FRANCES 3640 W 12TH ST HOUSTON, TX, 77008			DO	NOT WRITE		

IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 chapter 607 or on an attachment with an address, with all other like empowered.

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TITLE

NAME STREET ADDRESS

NAME

71717 NAME STREET ADURESS

CITY - ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frances Hoover, Secretary 02/21/06 713-869-1935