

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000427

Entity Name: 3001, INC.

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 2179
SULPHUR, LA 706642179

New Principal Place of Business:

Current Mailing Address:

PO BOX 2179
SULPHUR, LA 706642179

New Mailing Address:

FEI Number: 72-0748100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHELPS, RODGER D.
3601 SW 2ND AVENUE, SUITE 7
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

HEBERT, STEPHEN L.
3601 SW 2ND AVENUE, SUITE 7
GAINESVILLE, FL 32607 US

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.

SIGNATURE: STEPHEN L. HEBERT

01/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: PHELPS, ROGER D
Address: 600 CITIES SERVICE HWY.
City-St-Zip: SULPHUR, LA 706642179

Title: S () Delete
Name: BROUSSARD, TAMMY
Address: 600 CITIES SERVICE HWY.
City-St-Zip: SULPHUR, LA 706642179

Title: CV () Delete
Name: HEBERT, STEPHEN L
Address: 5525 MOUNES ST., STE. 102
City-St-Zip: NEW ORLEANS, LA 70123

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: PECCHIO, CHARLES JR.
Address: 5525 MOUNES STREET, SUITE 102
City-St-Zip: NEW ORLEANS, LA 70123 US

Title: PRES (X) Change () Addition
Name: HEBERT, STEPHEN L
Address: 5525 MOUNES STREET, SUITE 102
City-St-Zip: NEW ORLEANS, LA 70123 US

Title: CFO (X) Change () Addition
Name: NICHOLSON, TODD T
Address: 600 CITIES SERVICE HWY
City-St-Zip: SULPHUR, LA 70663 US

Title: SEC () Change (X) Addition
Name: AWAD, SARY
Address: 600 CITIES SERVICE HWY
City-St-Zip: SULPHUR, LA 70663 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD T. NICHOLSON

CFO

01/07/2005

Electronic Signature of Signing Officer or Director

Date