


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000004554</b> 1. Entity Name SERVICE OFFSHORE PAINTING, INC.	
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Principal Place of Business 1670 E. CARDINAL DRIVE BEAUMONT, TX 77705	Mailing Address 1670 E. CARDINAL DRIVE BEAUMONT, TX 77705
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**DO NOT WRITE IN THIS SPACE**



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 76-0280433	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	P	
NAME	DAVIS, JEFF	
STREET ADDRESS	7305 UP RIVER ROAD	
CITY-ST-ZIP	CORPUS CHRISTI, TX 78409	
TITLE	ST	
NAME	DUCHARME, LARRY	
STREET ADDRESS	1670 E. CARDINAL DRIVE	
CITY-ST-ZIP	BEAUMONT, TX 77705	
TITLE	D	
NAME	BROCK, BRAD	
STREET ADDRESS	1670 E. CARDINAL DRIVE	
CITY-ST-ZIP	BEAUMONT, TX 77705	
TITLE	D	
NAME	BOURQUEIN, LORIN	
STREET ADDRESS	1670 E. CARDINAL DRIVE	
CITY-ST-ZIP	BEAUMONT, TX 77705	
TITLE	D	
NAME	BROCK, TODD	
STREET ADDRESS	1670 E. CARDINAL DRIVE	
CITY-ST-ZIP	BEAUMONT, TX 77705	
TITLE	T	
NAME	SMITH, PHIL	
STREET ADDRESS	1670 E CARDINAL DR.	
CITY-ST-ZIP	BEAUMONT, TX 77705	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **2/10/05** **409 832 6226**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #