


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P06956 1. Entity Name PRUET PRODUCTION CO.	
--------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 217 W. CAPITOL ST. JACKSON, MS 39201	Mailing Address 217 W. CAPITOL ST. JACKSON, MS 39201
------------------------------------------------------------------------	------------------------------------------------------------



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number 64-0621524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000462259
03/21/06-80028-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JAMES, WILLIAM R 217 W. CAPITOL ST. JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CALHOON, RICKY J 217 W. CAPITOL ST. JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT RIGNEY, JAMES 217 W CAPITOL ST. JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

 **William R. James**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-06
Date

601-718-9416
Daytime Phone #