

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 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**



02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0621524

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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

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
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
**AS AT
RIGNEY, JAMES
217 W CAPITOL ST.
JACKSON, MS 39201**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
J. David Hilton
217 W. Capitol St.
Jackson, MS 39201**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Robbie "Rob" H. Holbrook
217 W. Capitol St.
Jackson, MS 39201**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Erbie Massengill
217 W. Capitol St.
Jackson, MS 39201**

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04/20/07-80013-004 158.75

**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

William R. James

4/4/2007
Date

601.948-5279
Daytime Phone #