

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000001268

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Entity Name:** ESTIS COMPRESSION MANAGEMENT, INC.

**Current Principal Place of Business:**

545 HUEY LENARD LOOP  
WEST MONROE, LA 71292

**New Principal Place of Business:**

**Current Mailing Address:**

545 HUEY LENARD LOOP  
WEST MONROE, LA 71292

**New Mailing Address:**

**FEI Number:** 27-1619974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR STE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: ESTIS, DENNIS  
Address: 106 COMANCHE TRAIL  
City-St-Zip: WEST MONROE, LA 71201

I hereby 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 all other like empowered.

SIGNATURE: DENNIS ESTIS

PRES

08/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date