


**2007 FOR PROFIT CORPORATION-  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P11824**  
1. Entity Name  
**GREGG INDUSTRIAL INSULATORS, INC.**



Principal Place of Business      Mailing Address  
**201 ESTES**      **P O BOX 4347**  
**LONGVIEW, TX 75602 US**      **LONGVIEW, TX 75606 US**

**DO NOT WRITE IN THIS SPACE**



02052007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**75-1524467**      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 ROAD**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$350.00**

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	PD MERRITT, THOMAS C. 1819 CLARENDON LONGVIEW, TX 75601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, MICHAEL W. RT 6 BOX 48 KILGORE, TX 75662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MERRITT, A.P., JR. 4500 STONE ROAD KILGORE, TX 75662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROOKS, DAVID, R 300 PECAN CREEK HENDERSON, TX 75654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, MARGARET B 1111 BROOK DR KILGORE, TX 75662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBEE, MERITA M 3420 DANVILLE DR KILGORE, TX 75662

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02/19/07-80023-019 150.00

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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:**  **David R. Brooks**      **2/05/2007**      **903 757-5754**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #