


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P29024 1. Entity Name GRINER DRILLING SERVICE, INC.	
---	---

Principal Place of Business 1014 HWY. 98 BYPASS COLUMBIA, MS 39429-7825	Mailing Address 1014 HWY. 98 BYPASS COLUMBIA, MS 39429-7825
---	---

DO NOT WRITE IN THIS SPACE



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 64-0437950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FISHER BROWN AGENCY 1701 W. GARDEN ST. P. O. BOX 711 PENSACOLA, FL 32501
--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
<div>U00000569094 07/11/06-80012-001 150.00</div> <div>DATE</div>

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRINER, CHARLES H. 604 IMPROVE ROAD SUMRALL, MS 39482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRINER, BRENDA M 604 IMPROVE ROAD SUMRALL, MS 39482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRINER, CHARLES H JR 570 IMPROVE ROAD SUMRALL, MS 39482
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: <u>Charles H. Griner, Jr.</u> CHARLES H. GRINER, JR 7-6-06 (601) 136-6347 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>