

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P29458

1. Entity Name
PARTRIDGE-SIBLEY INDUSTRIAL SERVICES, INC.



Principal Place of Business
**2076 HWY 49 S
JACKSON, MS 39073**

Mailing Address
**2076 HWY 49 S
FLORENCE, MS 39073 US**



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0707312	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

**FLEMING, FLETCHER
FLOOR SEVILLE TOWER
226 SOUTH PALAFOX
PENSACOLA, FL 32598-1831**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PARTRIDGE, D. RICHARD
STREET ADDRESS	1245 TECMSEH CT.
CITY-ST-ZIP	PENSACOLA, FL

TITLE	SD
NAME	KELSO, DELORES
STREET ADDRESS	2076 HWY 49S
CITY-ST-ZIP	FLORENCE, MS

TITLE	D
NAME	PARTRIDGE, CHARLES H
STREET ADDRESS	2076 HWY 49 S
CITY-ST-ZIP	FLORENCE, MS

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

110000452904
13/13/06-R0018-018 150.00

**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

Date

Daytime Phone #

2-24-06