

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90389 013 \*\*\*158.75

000009454



03072006 Chg-P CR2E034 (11/05)

4. FEI Number **59-3415240** Applied For  
Not Applicable

5. Certificate of Status Desired **XX** \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MILLER, DONNA A  
7014 A C SKINNER PARKWAY  
SUITE 290  
JACKSONVILLE, FL 32256

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	P EDGE, AUBREY L. 7014 A C SKINNER PARKWAY JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FRANCIS, JAMES D 7014 A C SKINNER PARKWAY JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAY, J.G. J 7014 A C SKINNER PARKWAY JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FORNELL, RICHARD H 7014 A C SKINNER PARKWAY JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, DONNA A 7014 A C SKINNER PARKWAY JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO STERN, DAVID 7014 A.C. SKINNER PARKWAY JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Edge, Aubrey L. 7014 A.C. Skinner Pkwy., #290 Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Aubrey L. Edge, Pres. 3/31/06 904/596-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # P96 60023464  
W00099452

**PETRO SERVICES, INC.**  
7014 A.C. Skinner Parkway, Suite 290  
Jacksonville, FL 32256  
Telephone: (904) 596-3200  
Facsimile: (904) 596-8550

March 31, 2006

Division of Corporations  
Annual Report Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 2006 Corporate Annual Report for Petro Services, Inc.; Request for  
Certificate of Status

Ladies/Gentlemen:

Please find enclosed a completed and signed 2006 Corporate Annual Report for Petro Services, Inc., together with a check for \$158.75 to cover the filing fee (\$150.00) and a Certificate of Status (\$8.75).

Please do not hesitate to call me (collect) at 904/596-3219 if you have any questions or if you require any additional documents or information.

Thank you for your assistance.

Respectfully submitted,



Allen R. Lieser  
General Counsel