


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000099452 1. Entity Name PETRO SERVICES, INC.	
---	---

Principal Place of Business 7014 A C SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256 US	Mailing Address 7014 A C SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256 US
--	--



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3415240	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

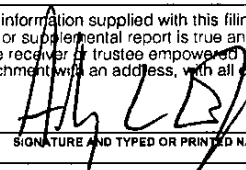
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EDGE, AUBREY L 7014 A.C. SKINNER PKWY, 290 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAY, J.G. J 7014 A C SKINNER PARKWAY JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FORNELL, RICHARD H 7014 A C SKINNER PARKWAY JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, DONNA A 7014 A C SKINNER PARKWAY JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO STERN, DAVID 7014 A.C. SKINNER PARKWAY JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000704502
04/23/07-80013-020 150.00

**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:  , President **4/10/07** (904) 596-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #