


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 841491

1. Entity Name
 MILBAR HYDRO-TEST, INC.



Principal Place of Business
 651 AERO DR
 SHREVEPORT, LA 71107

Mailing Address
 651 AERO DR
 SHREVEPORT, LA 71107



04062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 72-0793598

Applied For
 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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

U00000895612
 04/24/08-80074-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	ACREE, JERRY L
STREET ADDRESS	902 ROBINSON PLACE
CITY - ST - ZIP	SHREVEPORT, LA 71104
TITLE	VP
NAME	WOODS, J. STANTON
STREET ADDRESS	651 AERO DR.
CITY - ST - ZIP	SHREVEPORT, LA 71107
TITLE	SEC
NAME	LAWRENCE, JAMES
STREET ADDRESS	2133 E BERT KOUNS
CITY - ST - ZIP	SHREVEPORT, LA 71105
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: *James Lawrence* **4-8-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #