

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211503380

1.) CORPORATION NAME:

**SUN OILFIELD CONSTRUCTION, INC. (USED IN VA
BY: SUNLAND CONSTRUCTION, INC.)**

DUE DATE: **3/31/2011**

SCC ID NO: **F0608986**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

LA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2532 AYMOND ST
PO BOX 1087

CITY/ST/ZIP: EUNICE, LA 70535-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARK W O'ROKE
TITLE: CEO
ADDRESS: 427 RUE NORMANDIE ROAD
CITY/ST/ZIP/CO: EUNICE, LA 70535-

OFFICER

DIRECTOR

NAME: JOHN E SOILEAU
TITLE: DIRECTOR
ADDRESS: 110 RUE NORMANDIE ROAD
CITY/ST/ZIP/CO: EUNICE, LA 70535-

OFFICER

DIRECTOR

NAME: CRAIG MEIER
TITLE: PRESIDENT
ADDRESS: 206 WESTFIELD
CITY/ST/ZIP/CO: LAFAYETTE, LA 70503-

OFFICER

DIRECTOR

NAME: RICHARD SEAN RENFRO
TITLE: VICE PRESIDENT
ADDRESS: 254 RUE DAUPHINE
CITY/ST/ZIP/CO: EUNICE, LA 70535-

OFFICER

DIRECTOR

NAME: MICHAEL BROWN
TITLE: SECRETARY
ADDRESS: 1000 NORTH 8TH ST
CITY/ST/ZIP/CO: EUNICE, LA 70535-

OFFICER

DIRECTOR

NAME: MICHAEL BROWN TITLE: TREASURER ADDRESS: 1000 NORTH 8TH ST CITY/ST/ZIP/CO: EUNICE, LA 70535-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: FRAN FONTENOT TITLE: ASST SECRETARY ADDRESS: 183 ALEE RD CITY/ST/ZIP/CO: EUNICE, LA 70535-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JAMES LOUSTEAU TITLE: DIRECTOR ADDRESS: 136 W RUELLE DR CITY/ST/ZIP/CO: MANDEVILLE, LA 70471-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WINSTON JOHNSON TITLE: DIRECTOR ADDRESS: 5451 SUPERSTITION DR CITY/ST/ZIP/CO: LAS CRUES, NM 88011-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAMES MCCULLOCH TITLE: DIRECTOR ADDRESS: 19107 FOXTREE LN CITY/ST/ZIP/CO: HOUSTON, TX 77094-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ CRAIG MEIER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CRAIG MEIER, PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE	2/8/2011 _____ DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		