

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826957

FILED
Mar 08, 2006
Secretary of State

Entity Name: H.B. ZACHRY COMPANY

Current Principal Place of Business:

527 LOGWOOD
SAN ANTONIO, TX 782211738

New Principal Place of Business:

Current Mailing Address:

PO BOX 240130
SAN ANTONIO, TX 782240130

New Mailing Address:

FEI Number: 74-0998570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: EBROM, CHARLES,
Address: 213 SHEFFIELD PLACE
City-St-Zip: SAN ANTONIO, TX 00000,

Title: VPC () Delete
Name: LOZANO, JOE J.,
Address: 2758 WHISPER PATH
City-St-Zip: SAN ANTONIO, TX 00000,

Title: COB () Delete
Name: ZACHRY, H B JR,
Address: 7603 SHADYLANE
City-St-Zip: SAN ANTONIO, TX 00000,

Title: VPT () Delete
Name: ORNELAS, GONZALEZ
Address: 2511 RESTON
City-St-Zip: SAN ANTONIO, TX 00000,

Title: VPS () Delete
Name: JOHNSTON JR., MURRAY, L.
Address: 306 KENNEDY AVE.
City-St-Zip: SAN ANTONIO, TX

Title: VP () Delete
Name: MANNING, KEITH
Address: 8479 ROMNEY
City-St-Zip: SAN ANTONIO, TX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES EBROM

Electronic Signature of Signing Officer or Director

EVP

03/08/2006

_____ Date