


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F0100000544</b> 1. Entity Name BROCK BTL MANAGEMENT, INC.	
---	---

Principal Place of Business 1670 E. CARDINAL DRIVE BEAUMONT, TX 77705	Mailing Address 1670 E. CARDINAL DRIVE BEAUMONT, TX 77705
---	---

**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 79-0308146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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 GOSSETT, ROGER 1670 E. CARDINAL DRIVE BEAUMONT, TX 77705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BROCK, BRADEN J 1670 E. CARDINAL DRIVE BEAUMONT, TX 77705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUCHARME, LARRY P 1670 E. CARDINAL DRIVE BEAUMONT, TX 77705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, PHIL 1670 E. CARDINAL DRIVE BEAUMONT, TX 77705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BROCK, TODD O 1670 E. CARDINAL DRIVE BEAUMONT, TX 77705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURQUEIN, LORIN B 1670 E. CARDINAL DRIVE BEAUMONT, TX 77705

U00000052062  
02/16/04-80077-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04 (409) 833-6226  
Date Daytime Phone #