


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000002964 1. Entity Name POMPANO INDUSTRIAL CENTER, INC.	
--	---

Principal Place of Business 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240	Mailing Address 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240
---	---



04212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0965575	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____

Filing Fee is \$61.25
Due by May 1, 2006

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	PD FARMER, DAVID N 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDLEY, DAVID 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RAGSDALE, RONALD 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS JOHNSON, KEVIN 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KIBRY, MICHAEL 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS GREEN, TRACY 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240

DO NOT WRITE IN THIS SPACE

U00000550478
 05/13/06-80062-001 61.25

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 617, 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:  **Tracy Green** 4/24/06 (972) 715-7400

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