


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005990
 1. Entity Name
 DYCK-O'NEAL, INC.



Principal Place of Business Mailing Address
 3214 W. PARK ROW, SUITE A P.O. BOX 13370
 ARLINGTON, TX 76013 ARLINGTON, TX 76013



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 75-2232990 Not Applicable

5. Certificate of Status Desired \$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

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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

U00000130391
 04/26/04-80115-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CRAMER, MICHAEL JOE 3214 W. PARK ROW, SUITE A ARLINGTON, TX 76013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAMES, DENNIS LEE 3214 W. PARK ROW, SUITE A ARLINGTON, TX 76013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOOTE, MICHAEL DAVID 3214 W. PARK ROW, SUITE A ARLINGTON, TX 76013
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael J. Cramer 4-21-04 800-418-9401
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #