

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000006425

1. Entity Name
JPH PROPERTIES, INC.



Principal Place of Business
**1929 ALLEN PKWY
10TH FLOOR
HOUSTON, TX 77019**

Mailing Address
**P.O. BOX 130548
HOUSTON, TX 77219-0548**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0304418

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(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	PD BRIGGS, CURTIS G 1929 ALLEN PKWY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIPSON, RAY A 1929 ALLEN PKWY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSHALL, JUDITH M 1929 ALLEN PKWY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LORING, HARRIS E III 1929 ALLEN PKWY, 9TH FLOOR HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, SUSAN L 1929 ALLEN PKWY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000009301
01/21/04-80006-003 150.00

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRIS E LORING III

1/8/04

Date

713-522-5141

Daytime Phone #