


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90422 049 ***150.00

DOCUMENT # F98000004808
1. Entity Name
Buffalo Gap Instrumentation and Electrical Co., Inc.



DO NOT WRITE IN THIS SPACE

14014602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
325 N. West Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 758
Suite, Apt. #, etc.

City & State
Buffalo Gap, Texas

City & State
Buffalo Gap, Texas

Zip
79508

Country
USA

Zip
79508

Country
Taylor

4. FEI Number **75-2208656**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **CT Corporation**

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City **Plantation** FL Zip Code **33324**

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 re-issuing) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	President and Director Wayne D. McClure 325 N. West St. Buffalo Gap, TX 79508	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary and Director Sandra McClure 325 N. West St. Buffalo Gap, TX 79508	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Carlos Sanchez 1701 Alameda Odessa, TX 79763	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Wayne D. McClure** Date _____ Daytime Phone # **325.572.3389**

CR2E034B (12/02)