


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State


DOCUMENT # L18717
 1. Entity Name
 EXCEPTIONAL OUTDOOR, INC.



Principal Place of Business
 200 E BASSE ROAD
 SAN ANTONIO, TX 78209

Mailing Address
 200 E BASSE ROAD
 SAN ANTONIO, TX 78209

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0146008	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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

000000139448
 04/29/04-80120-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYS, L. LOWRY 200 E BASSEE RD SAN ANTONIO, TX 78209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, PAUL J 2850 E CAMELBACK RD # 300 PHOENIX, AZ 85016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WYKER, KENNETH E 200 E BASSE ROAD SAN ANTONIO, TX 78209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TONCHEFF, LAURA C 2850 E CAMELBACK RD # 300 PHOENIX, AZ 85016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TINGEY, KURT 2850 E CAMELBACK RD # 300 PHOENIX, AZ 85016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSALES, STEPHANIE A 200 E BASSE ROAD SAN ANTONIO, TX 78209

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:  Stephanie Rosales 4/21/04 210-832-3473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #