## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 02, 2007 8:00 am Secretary of State DOCUMENT #P11814 04-02-2007 90097 001 \*\*\*150.00 1. Entity Name TEXÁKOMA FINANCIAL, INC. 40047450 Principal Place of Business Mailing Address 5400 LBJ FREEWAY 5400 LBJ FREEWAY SUITE 500 **SUITE 500** DALLAS, TX 75240 DALLAS, TX 75240 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03132007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 75-2124091 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.C. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDS T Change ■ Addition ☐ Delete TITLE TITLE KENNEDY, DEAN NAME NAME KENNEDY, DEAN STREET ADDRESS 5400 LBJ FREEWAY, STE500 STREET ADDRESS 5400 LBJ FREEWAY, STE 500 CITY-ST-ZIP CITY-ST-ZIP DALLAS, TX DALLAS, TX 75240 ☐ Delete TITLE ☐ Change **X** Addition TITLE PDS NAME KENNEDY, SCOTT 5400 LBJ FREEWAY, STE 500 DALLAS, TX 75240 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change **K** Addition TITLE NAME NAME STAPLETON, WILLIAM STREET ADDRESS STREET ADDRESS 5400 LBJ FREEWAY, STE 500 CITY-ST-ZIP CITY-ST-ZIP DALLAS, TX 75240 Change Addition Delete TITLE NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP on supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information sherital 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 for 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 an address, with all other like empowered 12. I hereby certify that the information indicated on this report or supple of the corporation or the recei changed, or on an attachmen Scott Kennedy SIGNATURE:

NAME OF SIGNING OFFICER OF

SIGNATURE AND TYPED OR

FILED