


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P12065 1. Entity Name AMERICAN GENERAL EQUITY SERVICES CORPORATION	
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Principal Place of Business 2727-A ALLEN PARKWAY HOUSTON, TX 77019	Mailing Address P.O. BOX 4868 HOUSTON, TX 77210
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 37-0919114	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000359618
 05/04/05-20161-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO RODNEY, MARTIN O JR. 2727-A ALLEN PARKWAY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATRIKIS, ERNEST T 2727-A ALLEN PARKWAY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REDDICK, GARY D 2727-A ALLEN PARKWAY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATO MOORE, BARRY J 2727-A ALLEN PARKWAY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TUCK, ELIZABETH M 2727-A ALLEN PARKWAY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTC MARTINEZ, LUCILLE S 2727-A ALLEN PARKWAY HOUSTON, TX 77019

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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: Barb J. Moore **BARB J. MOORE** 4-28-05 713-831-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ASST. TAX OFFICER