

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21443

FILED
Feb 03, 2006
Secretary of State

Entity Name: MUSTANG CLAIM SERVICE, INC.

Current Principal Place of Business:

6801 CALMONT
FORT WORTH, TX 76116 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 230
FORT WORTH, TX 76101

New Mailing Address:

FEI Number: 75-2249759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: STASEY, WILLIAM GARY
Address: 6801 CALMONT
City-St-Zip: FT WORTH, TX

Title: VSD () Delete
Name: GEER, WILLIAM E
Address: 6801 CALMONT
City-St-Zip: FT. WORTH, TX

Title: VD () Delete
Name: ROBINSON, ROBERT P
Address: 6801 CALMONT
City-St-Zip: FT. WORTH, TX

Title: VD () Delete
Name: JOHNSON, ALVIN
Address: 6801 CALMONT
City-St-Zip: FORT WORTH, TX

Title: PD () Delete
Name: HUDSON, JAMES R
Address: 6801 CALMONT
City-St-Zip: FT WORTH, TX

Title: VP () Delete
Name: BAUMAN, DONALD J
Address: 6801 CALMONT AVE.
City-St-Zip: FORT WORTH, TX 76116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MCGOWAN, ROBERT E
Address: 6801 CALMONT
City-St-Zip: FT. WORTH, TX

Title: V (X) Change () Addition
Name: DITTMAR, JAN E
Address: 6801 CALMONT
City-St-Zip: FORT WORTH, TX

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E GEER

VP

02/03/2006

Electronic Signature of Signing Officer or Director

Date