


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P33219
 1. Entity Name
AMERICAN GENERAL SECURITIES INCORPORATED



Principal Place of Business Mailing Address
2727-A ALLEN PARKWAY **P.O. BOX 4868**
HOUSTON, TX 77019 US **HOUSTON, TX 77210 US**



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0050868 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 _____

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MILLER, RICHARD 2727-A ALLEN PKWY. HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE KALBAUGH, JOHN A 2727 ALLEN PARKWAY, #290 HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, RODNEY O JR. 2727-A ALLEN PKWY. HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M 2727-A ALLEN PKWY. HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTC MARTINEZ, LUCILLE S 2727 ALLEN PKWY, #290 HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, JAMES B 2727-A ALLEN PARKWAY HOUSTON, TX 77019

U00000358619
 05/04/05-80161-014 150.00

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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)(f), 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 Day/Time Phone #