## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 06, 2006 08:00 AM **Secretary of State** DOCUMENT #V15023 1. Entity Name MAHR DEVELOPMENT CORPORATION OF FLORIDA Principal Place of Business Mailing Address 5420 LBJ FREEWAY 5420 LBJ FREEWAY SUITE 660 SUITE 660 DALLAS, TX 75240 DALLAS, TX 75240 US บร 01202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-2415363 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAVIA, JOHN T DO NOT WRITE % LANDERS & PARSONS 310 WEST COLLEGE AVE IN THIS SPACE TALLAHASSEE, FL 32301 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 it applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. PDC TITLE MAHR, GEORGE J. NAME HHHHHH453333 STREET ADDRESS 5420 LBJ FWY, SUITE 660 CITY-ST-ZIP (G/18/06-80026-021-150.00 DALLAS, TX VST WEART, VIÇKI D NAME STREET ADDRESS 5420 LBJ FWY, SUITE 660 CITY-ST-ZIP DALLAS, TX TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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 807, 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

FILED