

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2005 8:00 am**  
**Secretary of State**

05-24-2005 90122 041 \*\*\*150.00

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04192005 Chg-P CR2E034 (10/03)

4. FEI Number **62-0724538** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399-0000

## 7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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	PD	<input type="checkbox"/> Delete
NAME	MYHRA, PHILLIP J	
STREET ADDRESS	9151 GRAPEVINE HIGHWAY, MC-75	
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VLACH, ROBERT B	
STREET ADDRESS	2301 W. PLANO PARKWAY, STE. 300	
CITY-ST-ZIP	PLANO, TX 75075	
TITLE	T	<input type="checkbox"/> Delete
NAME	PALACIOS, CONNIE	
STREET ADDRESS	9151 GRAPEVINE HIGHWAY	
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMPSON, PEGGY G	
STREET ADDRESS	9151 GRAPEVINE HIGHWAY	
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES N. PLATO	
STREET ADDRESS	1331 W. MEMORIAL RD, STE 112	
CITY-ST-ZIP	OKLAHOMA CITY, OK 73114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Connie Palacios  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05 812-255-5200  
Date Daytime Phone #