


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000004281	
1. Entity Name FINANCIAL CASUALTY & SURETY, INC.	
	
Principal Place of Business 3131 EASTSIDE-STE. 600 HOUSTON, TX 77098	Mailing Address P.O. BOX 4479 HOUSTON, TX 77210-4479



07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2304982	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

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

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARNER, JOHN L 3131 EASTSIDE-STE. 600 HOUSTON, TX 77098
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COBD STEVES, MYRON F JR 3131 EASTSIDE-STE. 600 HOUSTON, TX 77098
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD SABO, ROBERT J 3131 EASTSIDE-STE. 600 HOUSTON, TX 77098
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOT HOOKER, JAMES W 3131 EASTSIDE-STE. 600 HOUSTON, TX 77098
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CABAUD, PHILIP G III 3131 EASTSIDE-STE. 600 HOUSTON, TX 77098
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEVES SKINNER, TERESA 3131 EASTSIDE-STE. 600 HOUSTON, TX 77098

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07/11/07-80002-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Hooker

7/10/07

Date

713-351-8255

Daytime Phone #