


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 300711 1. Entity Name STORTERCHILDS PRINTING CO., INC.			
Principal Place of Business 1540 WALDO ROAD GAINESVILLE, FL 32641 US		Mailing Address 5858 WESTHEIMER RD 200 HOUSTON, TX 77057 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000247354 03/01/05-80018-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAVIS, JOE R 5858 WESTHEIMER, SUITE 200 HOUSTON, TX 77057	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHILDS, JOHN 1540 NE WALDO RD GAINESVILLE, FL 32641		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS COLVILLE, G. CHRISTOPHER 5858 WESTHEIMER, SUITE 200 HOUSTON, TX 77057		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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)(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: <u>D. Christopher Colville</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/22/05 (713) 787-0977 Date Daytime Phone #	

Cert Mail 7003 1680 0001 0043 7358