


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90113 004 \*\*\*150.00

<b>DOCUMENT # 551510</b>		
1. Entity Name KLEIN, BURY, REIF, APPLEBAUM & ASSOCIATES, INC.		
Principal Place of Business 519 N. SAM HOUSTON PARKWAY E. SUITE 200 HOUSTON, TX 77060-4001 US	Mailing Address 519 N. SAM HOUSTON PARKWAY E. SUITE 200 HOUSTON, TX 77060-4001 US	



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1779907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	CEO MADDOCKS, TONY L 519 N. SAM HOUSTON PARKWAY E., SUITE 200 HOUSTON, TX 770604001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SCHUGART, CHARLES F 519 N SAM HOUSTON PKWY STE 200 HOUSTON, TX 770604001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SCOTT, STEPHANIE 519 N SAM HOUSTON PKWY STE 200 HOUSTON, TX 770604001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-CORPORATE CONTROLLER MICHAEL S. GALLAGHER 519 N. SAM HOUSTON PKWY STE 200 HOUSTON, TX 77060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: Mike Gallagher MIKE GALLAGHER 3/24/05 (832) 201-3857  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #