


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90054 030 ***150.00

DOCUMENT # 815881
 1. Entity Name
 7-ELEVEN, INC.



Principal Place of Business: 2711 N. HASKELL AVE. DALLAS, TX 75204
 Mailing Address: 2711 N. HASKELL AVE. DALLAS, TX 75204

50032621



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

03232005 Chg-P CR2E034 (10/03)

4. FEI Number: 75-1085131 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE, FL 32301
 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: _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PCEO NAME: KEYES, JAMES W STREET ADDRESS: 16316 ASHBOURNE CITY-ST-ZIP: DALLAS, TX 75248	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 5907 GLADESIDE COURT CITY-ST-ZIP: DALLAS, TX 75248	
TITLE: CBD NAME: SUZUKI, TOSHIFUMI STREET ADDRESS: 3-26-6, RICHJOJI-MINA-MIMRCHI CITY-ST-ZIP: MUSASH, TOKOYO JAPAN, IN0-J1	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: CUNNINGHAM, SANDRA D. 12225 PARK BEND DRIVE	
TITLE: AS NAME: CUMMINGHAM, SANDRA D STREET ADDRESS: 12225 PARK BENO DRIVE CITY-ST-ZIP: DALLAS, TX 75230	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: CUNNINGHAM, SANDRA D. 12225 PARK BEND DRIVE	
TITLE: VGC NAME: SMITH, BRYAN F JR. STREET ADDRESS: #7 HALLSIRE CT CITY-ST-ZIP: DALLAS, TX 75225	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: HARRIS, JOHN 2110 HONTOON ROAD DELAND, FL 32720	
TITLE: VP NAME: HARRIS, JOHN STREET ADDRESS: 2110 HONTOON ROAD CITY-ST-ZIP: DELAND, FL 32720	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: REYNOLDS, STANLEY 705 POST OAK ROAD COPPELL, TX 75019	
TITLE: T NAME: REYNOLDS, STANLEY STREET ADDRESS: 705 POST OAK ROAD CITY-ST-ZIP: COPPELL, TX 75019	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: CUNNINGHAM, SANDRA D. 12225 PARK BEND DRIVE	

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: Sandra D. Cunningham Assistant Secretary Date: 3/25/05 Daytime Phone #: 214/828-7173