

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 818340 1. Entity Name KING RANCH, INC.	
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Principal Place of Business HWY 141 WEST-LAURO'S HILL PO BOX 1090 KINGSVILLE, TX 78364-1090 US	Mailing Address HWY 141 WEST-LAURO'S HILL PO BOX 1090 KINGSVILLE, TX 78364-1090 US
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-0726547	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent UNDERBRINK, ROBERT J. 8050 SOUTH U.S. HWY 27 SOUTH BAY, FL 33493

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 _____ (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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CLEMENT, JAMES H JR THREE RIVERWAY SUITE 1600 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO HUNT, JACK THREE RIVERWAY SUITE 1600 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTCF GARDINER, WILLIAM J THREE RIVERWAY SUITE 1600 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V UNDERBRINK, ROBERT THREE RIVERWAY SUITE 1600 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GENHO, PAUL THREE RIVERWAY SUITE 1600 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PERRONE, FRANK THREE RIVERWAY SUITE 1600 HOUSTON, TX 77056

000000010493 01/22/04-80034-002 150.00 DO NOT WRITE IN THIS SPACE
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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: William J. Gardiner **William J. Gardiner** **01/13/2004** **832-681-5700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #