
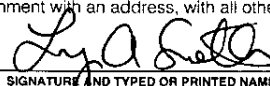


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90025 006 \*\*\*150.00

<b>DOCUMENT # 829332</b> 1. Entity Name <b>HUMBLE INCORPORATED</b>					
Principal Place of Business <b>5959 LAS COLINAS BLVD IRVING, TX 75039</b>			Mailing Address <b>800 BELL ST P.O. BOX 392, RM 493 HOUSTON, TX 77001-0392</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>51-0116560</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>— FILE NOW!!! — FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	
	PD	RIPPE, ROBERT D	5959 LAS COLINAS BLVD IRVING, TX 75039	<input type="checkbox"/>	
	VD	FOX, TALBERT J	5959 LAS COLINAS BLVD IRVING, TX 75039	<input checked="" type="checkbox"/>	
	AS	KATZ, ROBERT O	800 BELL ST HOUSTON, TX 77002	<input checked="" type="checkbox"/>	
	S	MILLER, JERRY D	5959 LAS COLINAS BLVD IRVING, TX 75039	<input type="checkbox"/>	
	T	HALSEY, THOMAS	5959 LAS COLINAS BLVD IRVING, TX 75039	<input type="checkbox"/>	
	D	HALSEY, THOMAS S	5959 LAS COLINAS BLVD IRVING, TX 75039	<input type="checkbox"/>	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
	VD	Lemons, Tom F.	5959 Las Colinas Blvd. Irving, TX 75039	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	AS	Smothers, Lynn A.	800 Bell Street Houston, TX 77002	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.					
<b>SIGNATURE:</b>  <b>4-14-04</b> <b>(713) 656-4048</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					