

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90280 015 ***150.00

14010836



04212005 Chg-P CR2E034 (10/03)

4. FEI Number
13-2709537

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	S	<input type="checkbox"/> Delete
NAME	JOHNSON, MR.	
STREET ADDRESS	6501 LEGACY DR	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	NAPOLI, F N	
STREET ADDRESS	6501 LEGACY DR.	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	ROMESBURG, R.D.	
STREET ADDRESS	6501 LEGACY DR	
CITY-ST-ZIP	DALLAS, TX	
TITLE	EVD	<input checked="" type="checkbox"/> Delete
NAME	GARVEY, J.P.	
STREET ADDRESS	6501 LEGACY DR.	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE	AS	<input type="checkbox"/> Delete
NAME	VAWRINCK, J J	
STREET ADDRESS	6501 LEGACY DR	
CITY-ST-ZIP	PLANO, TX 75024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREED, P.W.	
STREET ADDRESS	6501 LEGACY DR.	
CITY-ST-ZIP	PLANO TX 75024	
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, R.E.	
STREET ADDRESS	6501 LEGACY DR	
CITY-ST-ZIP	PLANO TX 75024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, R.C.	
STREET ADDRESS	6501 LEGACY DR.	
CITY-ST-ZIP	PLANO TX 75024	

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: *[Signature]* **R.E. REED** **972-431-2135**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #