

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90247 001 ***450.00

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04182005 Chg-P CR2E034 (10/03)

4. FEI Number
34-0668935

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	P	<input type="checkbox"/> Delete
NAME	SYAK, HARRY A.	
STREET ADDRESS	2525 STEMMONS FRWY	
CITY-ST-ZIP	DALLAS, TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	IVY, JIM S	
STREET ADDRESS	2525 STEMMONS FRWY	
CITY-ST-ZIP	DALLAS, TX	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHOOP, NEIL O.	
STREET ADDRESS	2525 STEMMONS FRWY	
CITY-ST-ZIP	DALLAS, TX	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FORTADO, MICHAEL G	
STREET ADDRESS	2525 STEMMONS FRWY	
CITY-ST-ZIP	DALLAS, TX	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	HARVOT, RON A	
STREET ADDRESS	2525 STEMMONS FRWY	
CITY-ST-ZIP	DALLAS, TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, TIMOTHY R	
STREET ADDRESS	2525 STEMMONS FRWY	
CITY-ST-ZIP	DALLAS, TX	

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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T James E. Perry
STREET ADDRESS	2525 Stemmons Frwy
CITY-ST-ZIP	Dallas TX
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	AT Douglas S. Horvath
STREET ADDRESS	2525 Stemmons Frwy
CITY-ST-ZIP	Dallas TX
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Douglas S. Horvath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05
Date

(214) 589-8791
Daytime Phone #