


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 856741 1. Entity Name BLACKMON-MOORING-STEAMATIC CATASTROPHE, INC.	
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Principal Place of Business 303 ARTHUR ST FT WORTH, TX 76107 US	Mailing Address 303 ARTHUR ST FT WORTH, TX 76107 US
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05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-1738902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**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 _____ U000000364879
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 05/03/05-80613-016 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWIGGUM, LLOYD E 303 ARTHUR STREET FORT WORTH, TX 76107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLACKMON, W.G. III 303 ARTHUR STREET FORT WORTH, TX 76107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKMON, KIRK A 303 ARTHUR STREET FORT WORTH, TX 76107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKMON, GREG 303 ARTHUR STREET FORT WORTH, TX 76107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRABKA, FARY D 303 ARTHUR STREET FORT WORTH, TX 76107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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: Robert D. Smith ROBERT D. SMITH 5/1/05 817-820-8747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #