

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # B00000000236

1. Entity Name
**HOUSTON-STAFFORD ELECTRICAL CONTRACTORS
L.P.**



Principal Place of Business
**10203 MULA CIRCLE
STAFFORD, TX 77477**

Mailing Address
**10203 MULA CIRCLE
STAFFORD, TX 77477**



02202006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2129824

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**

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**00000475729
04/05/06-80027-015 508.75**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **M00000001593**
NAME **HOUSTON-STAFFORD MANAGEMENT LLC**
STREET ADDRESS **PO BOX 947**
CITY-ST-ZIP **STAFFORD, TX**

DOCUMENT #
NAME **WILKS II, WILLIAM E**
STREET ADDRESS **2426 WEATHERFORD**
CITY-ST-ZIP **PEARLAND, TX 77584**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature] VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/23/06

Date

(281)498-2212

Daytime Phone #

STAPLE CHECK HERE