

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # F00000003764

1. Entity Name
MOROCH & ASSOCIATES, INC.



Principal Place of Business
**3625 N. HALL ST., STE 1100
DALLAS, TX 75219**

Mailing Address
**3625 N. HALL ST., STE 1100
DALLAS, TX 75219**



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-1785464

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOROCH, THOMAS
100 SOUTH PINE ISLAND #130
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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000943062
05/29/08-80043-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
KEMPF, PAT
3625 N. HALL ST., STE 1100
DALLAS, TX 75219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BOSWELL, ROB
3625 N. HALL ST., STE 1100
DALLAS, TX 75219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
STEPANEK, MARK
3625 N. HALL ST., STE 1100
DALLAS, TX 75219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
MOROCH, THOMAS F
3625 N. HALL ST., STE 1100
DALLAS, TX 75219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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:

Mark S. DePom...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

214-520-5629

Daytime Phone #