

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000000544	
1. Entity Name BROCK BTL MANAGEMENT, INC.	
Principal Place of Business 1670 E. CARDINAL DRIVE BEAUMONT, TX 77705	Mailing Address 1670 E. CARDINAL DRIVE BEAUMONT, TX 77705



DO NOT WRITE IN THIS SPACE

02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 79-0308146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

(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	GOSSETT, ROGER
NAME	
STREET ADDRESS	1670 E. CARDINAL DRIVE
CITY-ST-ZIP	BEAUMONT, TX 77705
TITLE VC	BROCK, BRADEN J
NAME	
STREET ADDRESS	1670 E. CARDINAL DRIVE
CITY-ST-ZIP	BEAUMONT, TX 77705
TITLE S	DUCHARME, LARRY P
NAME	
STREET ADDRESS	1670 E. CARDINAL DRIVE
CITY-ST-ZIP	BEAUMONT, TX 77705
TITLE T	SMITH, PHIL
NAME	
STREET ADDRESS	1670 E. CARDINAL DRIVE
CITY-ST-ZIP	BEAUMONT, TX 77705
TITLE VC	BROCK, TODD O
NAME	
STREET ADDRESS	1670 E. CARDINAL DRIVE
CITY-ST-ZIP	BEAUMONT, TX 77705
TITLE D	BOURQUEIN, LORIN B
NAME	
STREET ADDRESS	1670 E. CARDINAL DRIVE
CITY-ST-ZIP	BEAUMONT, TX 77705

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IN THIS SPACE**

02/14/05-80067-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05 409 833-6226
Date Daytime Phone #