


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90236 047 \*\*\*150.00

<b>DOCUMENT # F01000002081</b>					
<b>1. Entity Name</b> SBC SERVICES, INC.					
<b>Principal Place of Business</b> 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205			<b>Mailing Address</b> 1010 N ST MARY'S STREET ROOM 9-Y-40 SAN ANTONIO, TX 78215		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> <i>175 E. Houston St</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Room 8-H-60</i>			
City & State		City & State <i>San Antonio, TX</i>			
Zip	Country	Zip <i>78205</i>	Country <i>USA</i>	<b>4. FEI Number</b> 04242006 Chg-P CR2E034 (11/05) 74-2782655	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUZICKA, LARRY <input type="checkbox"/> Delete 175 E. HOUSTON ST. SAN ANTONIO, TX 78205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete STEPHENSON, RANDALL 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Richard G. Lindner</i> <i>175 E. Houston St.</i> <i>San Antonio, TX 78205</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RICHTER, ALFRED G JR. 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete STANKEY, JOHN T 175 E HOUSTON ST SAN ANTONIO, TX 78205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete DENNIS, RICHARD G 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete KLUG, JONATHAN 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Larry Ruzicka</i> <i>Larry Ruzicka</i> 4/24/06 (210)351-3580					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					