

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000002964	
1. Entity Name POMPAO INDUSTRIAL CENTER, INC.	
Principal Place of Business 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240	Mailing Address 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240



DO NOT WRITE IN THIS SPACE

04212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 33-0965575	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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARMER, DAVID N 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDLEY, DAVID 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RAGSDALE, RONALD 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS JOHNSON, KEVIN 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KIBRY, MICHAEL 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS GREEN, TRACY 13155 NOEL ROAD, SUITE 500 DALLAS, TX 75240	

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 617, 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: **Tracy Green** **4/24/06** **(972) 715-7400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #