

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001934

FILED
Jun 15, 2005
Secretary of State

Entity Name: WOODUS K. HUMPHREY & COMPANY, INC.

Current Principal Place of Business:

920 PIERREMONT ROAD, SUITE 411
SHREVEPORT, LA 71106

New Principal Place of Business:

7600 FERN AVE., BLDG. 500
SHREVEPORT, LA 71105

Current Mailing Address:

920 PIERREMONT ROAD, SUITE 411
SHREVEPORT, LA 71106

New Mailing Address:

P.O. BOX 6611
SHREVEPORT, LA 71106

FEI Number: 72-1003282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: HUMPHREY, WOODUS K
Address: 920 PIERREMONT ROAD, SUITE 411
City-St-Zip: SHREVEPORT, LA 71106

Title: TSD () Delete
Name: HUMPHREY, DIXEY T
Address: 920 PIERREMONT ROAD, SUITE 411
City-St-Zip: SHREVEPORT, LA 71106

Title: P () Delete
Name: CHILVERS, C. RICHARD
Address: 920 PIERREMONT ROAD, SUITE 411
City-St-Zip: SHREVEPORT, LA 71106

Title: V () Delete
Name: MCDANIEL, PATRICIA
Address: 920 PIERREMONT ROAD, SUITE 411
City-St-Zip: SHREVEPORT, LA 71106

Title: V () Delete
Name: STRIPLING, ELAINE
Address: 920 PIERREMONT ROAD, SUITE 411
City-St-Zip: SHREVEPORT, LA 71106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. RICHARD CHILVERS

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06/15/2005

Electronic Signature of Signing Officer or Director

Date