
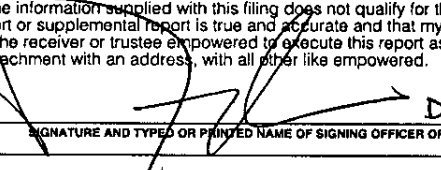


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90053 015 ***150.00

DOCUMENT # F02000003269					
1. Entity Name MUSKET CORPORATION					
Principal Place of Business 10601 N. PENNSYLVANIA AVE. OKLAHOMA CITY, OK 73120			Mailing Address 10601 N. PENNSYLVANIA AVE. OKLAHOMA CITY, OK 73120		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 73-1370534	
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			7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CD	NAME LOVE, THOMAS E		<input type="checkbox"/> Delete		
STREET ADDRESS 10601 N. PENNSLVANIA	CITY-ST-ZIP OKLAHOMA CITY, OK 73120		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME LOVE, GREGORY M		<input type="checkbox"/> Delete		
STREET ADDRESS 10601 N. PENNSYLVANIA	CITY-ST-ZIP OKLAHOMA CITY, OK 73120		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD	NAME LOVE, FRANK C IV		<input type="checkbox"/> Delete		
STREET ADDRESS 10601 N. PENNSYLVANIA	CITY-ST-ZIP OKLAHOMA CITY, OK 73120		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VTD	NAME STUSSI, DOUGLAS J		<input type="checkbox"/> Delete		
STREET ADDRESS 10601 N. PENNSYLVANIA	CITY-ST-ZIP OKLAHOMA CITY, OK 73120		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME BLAGG, SHARON L		<input type="checkbox"/> Delete		
STREET ADDRESS 10601 N. PENNSYLVANIA	CITY-ST-ZIP EDMOND, OK 73034		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			DOUGLAS J. STUSSI		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-7-05 Daytime Phone # (405) 751-9000		

40002636



01072005 Chg-P CR2E034 (10/03)