


**2004 FOR PROFIT CORPORATION -  
ANNUAL REPORT**

**FILED**

**Jan 20, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # F02000005600</b> 1. Entity Name TXCOLLECT, INC.	
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Principal Place of Business 2101 W. BEN WHITE, STE. 103 AUSTIN, TX 78704	Mailing Address 2101 W. BEN WHITE, STE. 103 AUSTIN, TX 78704
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01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-2784848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  LEXISNEXIS DOCUMENT SOLUTIONS, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301
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**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, GARY E 130 CLUBHOUSE DR. AUSTIN, TX 78734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAZZARD, JEFFREY B 507 CUTTY TRAIL AUSTIN, TX 78734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS VASBINDER, LARRY C JR. 10801 CHATEAU HILL AUSTIN, TX 78750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, WALT A ONE CLOVERBROOK CT. AUSTIN, TX 78738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000008140  
01/20/04-80048-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]* **1-15-04** **512-347-1492**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Citytime Phone #