

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90270 029 ***150.00

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DOCUMENT # F03000002329 1. Entity Name ROCKPORT GROUP OF TEXAS, INC.					
Principal Place of Business 50 BRIAR HOLLOW LANE, #515W HOUSTON, TX 77027			Mailing Address 50 BRIAR HOLLOW LANE, #515W HOUSTON, TX 77027		
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 76-0544649	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAWRENCE, KENNETH 4912 PENNSBURY DRIVE TAMPA, FL 33624			Name Debra Mason Street Address (P.O. Box Number is Not Acceptable) 280 Wekiva Springs Rd., Ste 102 City Longwood FL Zip Code 32779		
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 X Debra K. Mason DATE X 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
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	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	C BALDWIN, JOHN K		NAME		
CITY-ST-ZIP	901 HIGHLAND AVE. DEL MAR, CA 92014		STREET ADDRESS		
CITY-ST-ZIP	DEL MAR, CA 92014		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	VCP NEER, HARRY M		NAME		
CITY-ST-ZIP	50 BRIAR HOLLOW LANE, #515W HOUSTON, TX 77027		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77027		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	DST HINSON, LARRY K		NAME		
CITY-ST-ZIP	4819 STILLBROOKE HOUSTON, TX 77027		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77027		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Larry K. Hinson			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Larry K. Hinson		
			Date 4-21-05 Daytime Phone # 713-621-9424		