

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003384

Entity Name: 1-REX, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

2601 SCOTT AVE.
STE. 600
FT. WORTH, TX 76103

New Principal Place of Business:

Current Mailing Address:

2601 SCOTT AVE.
STE. 600
FT. WORTH, TX 76103

New Mailing Address:

FEI Number: 20-0030980

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AKERS, WILLIAM REX
Address: 3305 SCARBOROUGH LN. CT.
City-St-Zip: COLLEYVILLE, TX 76034

Title: DV () Delete
Name: AKERS, BROOKE M
Address: 3305 SCARBOROUGH LN. CT.
City-St-Zip: COLLEYVILLE, TX 76034

Title: DV () Delete
Name: MCMANUS, W. MIKE
Address: 7105 PETERS PATH
City-St-Zip: COLLEYVILLE, TX 76034

Title: STD () Delete
Name: WARD, TRACY
Address: 13050 RENDON RD
City-St-Zip: BURLESON, TX 76034

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TRACY WARD

TREA

04/06/2009

Electronic Signature of Signing Officer or Director

Date