

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000001910

1. Entity Name
METROPLEX OPERATING SERVICES, INC.



Principal Place of Business
14423 CORNERSTONE VILLAGE DR
HOUSTON, TX 77014

Mailing Address
14423 CORNERSTONE VILLAGE DR
HOUSTON, TX 77014

FILED

07 OCT 17 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

REINSTATEMENT

4. FEI Number
05-0579983

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**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

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME JACKSON, WILLARD L JR
STREET ADDRESS 14423 CORNERSTONE VILLAGE DR
CITY-ST-ZIP HOUSTON, TX 77014

TITLE V
NAME HORWITCH, GARY R
STREET ADDRESS 14423 CORNERSTONE VILLAGE DR
CITY-ST-ZIP HOUSTON, TX 77014

TITLE ST
NAME QURESHI, ZIA
STREET ADDRESS 14423 CORNERSTONE VILLAGE DR
CITY-ST-ZIP HOUSTON, TX 77014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-07
Date

281-440-5503
Daytime Phone #

RECEIVED OCT 17 2007