


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F04000004934</b>	
1. Entity Name <b>PARKHILL SMITH &amp; COOPER, INC.</b>	
	
Principal Place of Business <b>4222 85TH STREET LUBBOCK, TX 79423</b>	Mailing Address <b>4222 85TH STREET LUBBOCK, TX 79423</b>



04022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-1156936</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283</b>	<b>DO NOT WRITE IN THIS SPACE</b>

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, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAPIER, JOSEPH R 3106 26TH ST LUBBOCK, TX 79410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTWRIGHT, MICHAEL E 3412 MANIOCA ROAD LUBBOCK, TX 79403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLEY, JOHN S 20 SIOUX TRAIL RANSOM CANYON, TX 79366
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, EDWIN E 4606 102ND ST LUBBOCK, TX 79424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, MIKE W 3302 42ND STREET LUBBOCK, TX 79413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOMACK, R. KYLE 5713 HEARTLAND MIDLAND, TX 79707

000000884803  
04/17/08-80058-015 150.00

**DO NOT WRITE  
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:  **4.4.08** **806.473.22**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #