


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # F04000006455 1. Entity Name CSI GP, INC.	
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Principal Place of Business 855 EAST HIGHWAY 80 FORNEY, TX 75126	Mailing Address P.O. BOX 847 FORNEY, TX 75126
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DO NOT WRITE IN THIS SPACE



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2249873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEMON, DOUG
 25000 OVERSEAS HIGHWAY
 SUMMERLAND KEY, FL 33042

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDAS FELVEY, FOREST 855 EAST HIGHWAY 80 FORNEY, TX 75126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SIMMONS, RALPH G 855 EAST HIGHWAY 80 FORNEY, TX 75126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD HACKENY, RICHARD 855 EAST HWY 80 FORNEY, TX 75126
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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:  RG Simmons 214-515-6400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #