

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006873

1. Entity Name
TYMPANY, INC.



Principal Place of Business
**12807 ROYAL DR., SUITE 101
STAFFORD, TX 77477**

Mailing Address
**12807 ROYAL DR., SUITE 101
STAFFORD, TX 77477**



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0682659

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
After May 1, 2005 Fee will be \$550.00**

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

**UD00000358298
05/04/05-80151-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WASDEN, CHRISTOPHER L
12807 ROYAL DRIVE, SUITE 101
STAFFORD, TX 77477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BARROW, KENNETH
12807 ROYAL DRIVE, SUITE 101
STAFFORD, TX 77477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HENDERSON, M. JAMES
12807 ROYAL DRIVE, SUITE 101
STAFFORD, TX 77477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GLASSCOCK, MICHAEL
12807 ROYAL DRIVE, SUITE 101
STAFFORD, TX 77477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GARRATT, REGINALD
12807 ROYAL DRIVE, SUITE 101
STAFFORD, TX 77477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SKLAR, MICHAEL
12807 ROYAL DRIVE, SUITE 101
STAFFORD, TX 77477**

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS WASDEN 4/29/05 281-3135858
Date Daytime Phone #