

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90420 021 \*\*\*150.00

**DOCUMENT # F05000005018**

1. Entity Name  
**ELECTRONIC PAVEMENT & INFRASTRUCTURE  
CHARTING, INC.**



Principal Place of Business  
**13900 HUMBLE RD  
TOMBALL, TX 77377**

Mailing Address  
**P.O. BOX 168  
TOMBALL, TX 77377**



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**87-0742295**

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, 2006 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  
**P  
BROWN, RANDALL W  
P.O. BOX 168  
TOMBALL, TX 77377**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CVD  
BARON, BRENT J  
5919 BERMUDA DUNES  
HOUSTON, TX 77069**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SEVERANCE, GODON  
6619 CHANCELLOR ST  
SPRING, TX 77379**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BOCK, ED S  
13900 HUMBLE RD  
TOMBALL, TX 77377**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCD  
LYTTON, ROBERT L  
2108 BARAK LANE  
BRYAN, TX 77802**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCD  
POSTON, JIM A  
747 LONGWOOD ST  
HOUSTON, TX 77079**

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-11-06 281-351-7800**