


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90029 044 ***150.00

DOCUMENT # F05000006055 1. Entity Name BOSQUE LEASING GP CORP	
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Principal Place of Business 6400 IMPERIAL DRIVE WACO, TX 76712	Mailing Address PO BOX 8216 WACO, TX 76714-8216
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2836877	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ELK, SCOTT
SANCTUARY CENTRE-SUITE 200E
4800 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33431**

**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 ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SARTAIN, JAMES T 6400 IMPERIAL DRIVE WACO, TX 76712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD HOLMES, JAMES C 6400 IMPERIAL DRIVE WACO, TX 76712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, J BRYAN 6400 IMPERIAL DRIVE WACO, TX 76712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOSTICK, LOTTE 6400 IMPERIAL DRIVE WACO, TX 76712
TITLE 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

1/13/06

Date

(254) 761-2840

Daytime Phone #