


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000006287	
1. Entity Name BLACKMON-MOORING STEAMATIC OF TEXAS, INC.	
	
Principal Place of Business 303 ARTHUR ST. FORT WORTH, TX 76107	Mailing Address 303 ARTHUR ST. FORT WORTH, TX 76107



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2610714	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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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 _____

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWIGGUM, LLOYD E 303 ARTHUR ST. FORT WORTH, TX 76107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC BLACKMON, W.G. III 303 ARTHUR ST. FORT WORTH, TX 76107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, ROBERT D 303 ARTHUR ST. FORT WORTH, TX 76107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BLACKMON, KIRK 303 ARTHUR ST. FORT WORTH, TX 76107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKMON, GREG 303 ARTHUR ST. FORT WORTH, TX 76107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO DATA

**DO NOT WRITE
IN THIS SPACE**

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07/17/06-80004-021 150.00

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:

Robert D. Smith **ROBERT D. SMITH**

Date

3/4/06

Daytime Phone #

817-820-8747