

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F07000004629

1. Entity Name
LICENSED GUN OWNERS ASSOCIATION OF TEXAS,
INC.



Principal Place of Business
2203 ROSE POINTE
ATHENS, TX 75752

Mailing Address
2203 ROSE POINTE
ATHENS, TX 75752

FILED
Aug 18, 2008 08:00 AM
Secretary of State



07292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2218672

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331

**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
Due by September 12, 2008**

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
CP
MACKEY, RICK
4712 HARVEST HILL
DALLAS, TX 75224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCVP
OSORIO, LOIS
2203 ROSE POINTE
ATHENS, TX 75752

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
OSORIO, LOIS
2203 ROSE POINTE
ATHENS, TX 75752

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
DIXON, DAVID
6531 BRENTFIELD CT.
DALLAS, TX 75248

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRY, RICHARD C.
P.O. BOX 5571
AUSTIN, TX 78763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000957888
08/18/08-80005-018 158.75

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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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICK MACKEY

8/6/08

214-789-6814

Date

Daytime Phone #