## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # F92000000562 1. Entity Name ENTRIX, INC. Principal Place of Business Mailing Address 5252 WESTCHESTER SUITE 250 5252 WESTCHESTER SUITE 250 HOUSTON, TX 77005 US HOUSTON, TX 77005 US 04292004 DO NOT WRITE IN THIS SPACE 4. FEI Number 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## **FILED** May 03, 2004 08:00-AN **Secretary of State**

CR2E034 (10/03)

Fee Required



Applied For 76-0265862 Not Applicable \$8.75 Additional 

DO NOT WRITE IN THIS SPACE

No Chg-P

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 tide if applicable. (NOTE, Registered Agent signature regulted when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, DAN D 5252 WESTCHESTER, #250 HOUSTON, TX	ing positive and an experience of		U00000149847 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD FIRTH, RICHARD W 5252 WESTCHESTER,SUITE 250 HOUSTON, TX	·		03/03/04 00003 003 100.00
THLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBILLIARD, GORDON A 5252 WESTCHESTER, SUITE 250 HOUSTON, TX			OO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAMPBELL, DOUGLAS M 5252 WESTCHESTER, SUITE 250 HOUSTON, TX			N THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KASZAR, PHILLIP 5252 WESTCHESTER, SUITE 250 HOUSTON, TX 77005			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXTER, STUART C 5252 WESTCHESTER, SUITE 250 HOUSTON, TX 17005			and the same of

energy 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 it 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:

SIDNING OFFICER OR DIRECTOR