

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F94000001890

1. Entity Name  
SOWAMCO VIII OF TEXAS, INC.



Principal Place of Business  
6400 IMPERIAL DRIVE  
P.O. BOX 8126  
WACO, TX 76714 US

Mailing Address  
P O BOX 8216  
WACO, TX 76714 US



01192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
74-2694936

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CT 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PD SARTAIN, JAMES T 6400 IMPERIAL DRIVE WACO, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GREAK, JOE S 6400 IMPERIAL DRIVE WACO, TX 76714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HAWKINS, JAMES R. 6400 IMPERIAL DRIVE WACO, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAY, MARGIE 6400 IMPERIAL DRIVE WACO, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DEWITT, TERRY R 6400 IMPERIAL DRIVE WACO, TX 76714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVP HOLMES, JAMES C 6400 IMPERIAL DRIVE WACO, TX 767148216

U00000051160  
02/16/04-80040-016 150.00

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IN THIS SPACE**

12. I hereby 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 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

1/28/04 (254) 751-1750  
Date Daytime Phone #