


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000006163</b>	
1. Entity Name <b>SALADO SALES, INC.</b>	

Principal Place of Business <b>4747 MCLANE PKWY TEMPLE, TX 76504 US</b>	Mailing Address <b>P O BOX 6115 TEMPLE, TX 76503-6115 US</b>
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01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>74-2692113</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSIER, WILLIAM 4747 MCLANE PKWY TEMPLE, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEWHINNEY, LEN 4747 MCLANE PKWY TEMPLE, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MANN, CAROLINE R 1065 CRESCENT BELTON, TX 76513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRAVES, DONALD R 4747 MCLANE PKWY TEMPE, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOCH, KEVIN J 4747 MCLANE PKWY TEMPLE, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/05-80059-013 150.00

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:**  **Kevin J. Koch** **1/12/05** **254/771-7500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #