

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90154 031 \*\*\*150.00

**DOCUMENT # F94000006425**

1. Entity Name  
**JPH PROPERTIES, INC.**



Principal Place of Business  
**1929 ALLEN PKWY  
10TH FLOOR  
HOUSTON, TX 77019**

Mailing Address  
**P.O. BOX 130548  
HOUSTON, TX 77219-0548**

**50009174**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**76-0304418**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRIGGS, CURTIS G	
STREET ADDRESS	1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GIPSON, RAY A	
STREET ADDRESS	1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARSHALL, JUDITH M	
STREET ADDRESS	1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LORING, HARRIS E III	
STREET ADDRESS	1929 ALLEN PKWY, 9TH FLOOR	
CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRETT, SUSAN L	
STREET ADDRESS	1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARK EVANS</b>
STREET ADDRESS	<b>1929 ALLEN PARKWAY</b>
CITY-ST-ZIP	<b>HOUSTON TX 77019</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **MARK EVANS**

**TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/23/06**

**713-522-5141**