

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90229 008 \*\*\*150.00

40096043



04282008 Chg-P CR2E034 (12/06)

4. FEI Number **76-0304418** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 checked="" type="checkbox"/> Delete
NAME	GIPSON, RAY A	
STREET ADDRESS	1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, JUDITH M	
STREET ADDRESS	1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRAJEK, KEVIN J	
STREET ADDRESS	1929 ALLEN PARKWAY	
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	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael L. Decell	
STREET ADDRESS	1929 Allen Parkway	
CITY-ST-ZIP	Houston Texas 77019	
TITLE	Secretary, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet S. Key	
STREET ADDRESS	1929 Allen Parkway	
CITY-ST-ZIP	Houston Texas 77019	
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: *Janet S. Key* Treasurer 4/21/8 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR