


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000000904</b> 1. Entity Name J.C. PACE HOLDING COMPANY	
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Principal Place of Business 420 THROCK MORTON SUITE 710 FORT WORTH, TX 76102	Mailing Address 420 THROCK MORTON SUITE 710 FORT WORTH, TX 76102
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01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-2404520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD PACE, GARY 420 THROCKMORTON, SUITE 710 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PACE, JOE K 420 THROCKMORTON, SUITE 710 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SYKES, MARGARET 420 THROCKMORTON, SUITE 710 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SYKES, DAVID 420 THROCKMORTON, SUITE 710 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST WYATT, HAROLD D 420 THROCKMORTON, SUITE 710 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGETT, TOM L 4955 PARIS STREET DENVER, CO 80239

U000000185644  
01/21/05-80024-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Harold Wyatt HAROLD WYATT 1-12-05 812.3321219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #