


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90028 015 ***150.00

| | |
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| DOCUMENT # F95000000904 |  |
| 1. Entity Name J.C. PACE HOLDING COMPANY | |

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| Principal Place of Business 420 THROCKMORTON SUITE 710 FORT WORTH, TX 76102 | Mailing Address 420 THROCKMORTON SUITE 710 FORT WORTH, TX 76102 |
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40900036



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01032006 Chg-P CR2E034 (11/05)

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COBD PACE, GARY 420 THROCKMORTON, SUITE 710 FORT WORTH, TX 76102 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Humphries, Clay 420 Throckmorton, suite 710 FORT WORTH, TX 76102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PACE, JOE K 420 THROCKMORTON, SUITE 710 FORT WORTH, TX 76102 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SYKES, MARGARET 420 THROCKMORTON, SUITE 710 FORT WORTH, TX 76102 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST SYKES, DAVID 420 THROCKMORTON, SUITE 710 FORT WORTH, TX 76102 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AST WYATT, HAROLD D 420 THROCKMORTON, SUITE 710 FORT WORTH, TX 76102 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BURGETT, TOM L 4955 PARIS STREET DENVER, CO 80239 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Harold Wyatt HAROLD WYATT 1-3-06 817.332-1218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #