2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State

DOCUMENT # F9600001658 1. Entity Name CONTINENTAL PINES CORPORATION						04-12-2004	90604 00	1 ***45	0.00	
Principal Place of Business 1800 VALLEY VIEW LANE STE 300 DALLAS, TX 75234		Mailing Address 1800 VALLEY VIEW L STE 300 DALLAS, TX 75234	1800 VALLEY VIEW LANE STE 300			66411083				
2. Principal Place of Business		3. Malling Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03112004	Chg-P	CR2E034	(10/03)		
City & State		City & State	City & State		4. FEI Number 75-2640193			_ 	plied For t Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate	of Status Desired		8.75 Add se Required		
	6. Name and Address of Curre	7. Name and Address of New Registered Agent Name								
1200 SOU	ORATION SYSTEM I'H PINE ISLAND ROAD ON, FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
	ı			City			FL	Zip Code		
	named entity submits this statement ons of registered agent.	t for the purpose of changing i	ts register	ed office or reg	istered agent, or bo	oth, in the State of Flo	orida. I am far	niliar with,	and accept	
SIGNATURE_	! Signature, typed or printed name of registered ag	AND THE STREET OF THE STREET O	OTE: Decietara	ud Agent signatura ca	quired when reinstating)		DATE			
FILI	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$55	9. Election Camp	aign Finar	ncing	\$5.00 May Be Added to Fees					
10.	OFFICERS AI	ND DIRECTORS Delete	11. Titu		ADDITIONS	/CHANGES TO OFF		RECTORS Change	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	KIMBROUGH, RONALD E 1800 VALLEY VIEW DALLAS, TX 75234	beace	NAM STRE				L	onunge		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				E BE (EET ADDRESS \ '-ST-ZIP	OS Corna, Lo 1800 Valley	uis J. View La X 75234	ne, Ste	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLI NAM STRE	E	, 1781 9 W*		[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		Υ			Ţ.	Change	Addition	
indicatéd	certify that the information supplied on this report or supplemental report or supplemental report or the receiver or trustee er or on an attachment with an address URE:	rt is true and accurate and tha	t my signa ort as requi ed.	iture shall have ired by Chapter	the same legal effe	ct as if made under es; and that my nam	oath: that I am	an officer	or director	