

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000003121

1. Entity Name
JULINGTON - CYPRESS, INC.



Principal Place of Business
**301 CONGRESS AVE.
SUITE 500
AUSTIN, TX 78701 US**

Mailing Address
**301 CONGRESS AVE.
SUITE 500
AUSTIN, TX 78701 US**

DO NOT WRITE IN THIS SPACE



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0505958	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 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	DC
NAME	CLARK, STEPHEN T
STREET ADDRESS	301 CONGRESS AVE.
CITY-ST-ZIP	AUSTIN, TX 78701

TITLE	DP
NAME	CLARK, M T
STREET ADDRESS	301 CONGRESS AVE.
CITY-ST-ZIP	AUSTIN, TX 78701

TITLE	SRVP
NAME	SALOUR, NADER
STREET ADDRESS	1200 UNIVERSITY DRIVE
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	T
NAME	HARPER, PAM
STREET ADDRESS	301 CONGRESS AVE.
CITY-ST-ZIP	AUSTIN, TX 78701

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/08-80026-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08 (512) 494-8510
Date Daytime Phone #