


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000004174 1. Entity Name WAMCO IX OF TEXAS, INC.	
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Principal Place of Business 6400 IMPERIAL DRIVE PO BOX 8216 WACO, TX 76712-8216	Mailing Address 6400 IMPERIAL DRIVE PO BOX 8216 WACO, TX 76712-8216
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07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2690681	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**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HAWKINS, JAMES R 6400 IMPERIAL DRIVE WACO, TX 767148216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SARTAIN, JAMES T 6400 IMPERIAL DRIVE WACO, TX 767148216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DEWITT, TERRY R 6400 IMPERIAL DRIVE WACO, TX 767148216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAY, MARGIE 6400 IMPERIAL DRIVE WACO, TX 767128216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GREAK, JOE S 6400 IMPERIAL DRIVE WACO, TX 767148216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVP HOLMES, JAMES C 6400 IMPERIAL DRIVE WACO, TX 767148216

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07/06/04-80005-023 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:  **James T. Sartain** **President** **7/2/04** **(254) 751-1750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #