


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000005529

1. Entity Name
STONERSIDE STABLE GP, INC.



Principal Place of Business Mailing Address

4400 POST OAK PKWY 4400 POST OAK PKWY
 STE 1400 STE 1400
 HOUSTON, TX 77027 US HOUSTON, TX 77027 US



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0428539	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000364300
 05/05/05-80037-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCNAIR, ROBERT C 4400 POST OAK PKWY, STE 1400 HOUSTON, TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUSSLER, MARCUS R 4400 POST OAK PKWY, STE 1400 HOUSTON, TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENDRIGAN, JAMES M 4400 POST OAK PKWY, STE 1400 HOUSTON, TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCNAIR, JANICE S 4400 POST OAK PKWY, STE 1400 HOUSTON, TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 119.07(3)(l), 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 M. Kendrigan* **James M. Kendrigan** **4126105 713-536-2800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #