

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000005529

1. Entity Name
STONERSIDE STABLE GP, INC.



Principal Place of Business
4400 POST OAK PKWY
STE 1400
HOUSTON, TX 77027 US

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



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0428539

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE CD
NAME MCNAIR, ROBERT C
STREET ADDRESS 4400 POST OAK PKWY, STE 1400
CITY- ST- ZIP HOUSTON, TX 77027

TITLE P
NAME DUSSLER, MARCUS R
STREET ADDRESS 4400 POST OAK PKWY, STE 1400
CITY- ST- ZIP HOUSTON, TX 77027

TITLE V
NAME KENDRIGAN, JAMES M
STREET ADDRESS 4400 POST OAK PKWY, STE 1400
CITY- ST- ZIP HOUSTON, TX 77027

TITLE V
NAME MCNAIR, JANICE S
STREET ADDRESS 4400 POST OAK PKWY, STE 1400
CITY- ST- ZIP HOUSTON, TX 77027

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000415623
02/11/06-80089-001 150.00

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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

James M. Kendrigan, VP 1/26/06

Date

713-336-7800

Daytime Phone #