


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000003212</b> 1. Entity Name OMS RETAIL SERVICES, INC.	
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Principal Place of Business 4747 MCLANE PKWY. TEMPLE, TX 76503-6115	Mailing Address 4747 MCLANE PKWY. TEMPLE, TX 76503-6115
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 74-2820511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	<b>DO NOT WRITE IN THIS SPACE</b>
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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 relistating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSIER, WILLIAM G 4747 MCLANE PKWY. TEMPLE, TX 76504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEWHINNEY, LEN 4747 MCLANE PKWY. TEMPLE, TX 76504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELROY, TERRY 4747 MCLANE PKWY. TEMPLE, TX 76504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOCH, KEVIN J 4747 MCLANE PKWY. TEMPLE, TX 76504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MANN, CAROLINE R 4747 MCLANE PKWY. TEMPLE, TX 76504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELROY, TERRY 4747 MCLANE PARKWAY TEMPLE, TX 76504	

U000000070710  
03/01/04-80048-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **Kevin J. Koch** **2/25/04** **254/771-7500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #