


93588

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 28, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # F97000003877</b> 1. Entity Name <b>PHASE II PROPERTIES, INC.</b>	
--	---

Principal Place of Business <b>1505 FEDERAL STREET DALLAS TX 75201</b>	Mailing Address <b>P.O. BOX 1920 DALLAS TX 75221</b>
---	---



2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number <b>75-2347269</b>	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  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>
--

7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code _____
--

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 \_\_\_\_\_

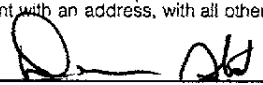
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	CP <input type="checkbox"/> Delete
NAME	POGUE, MACK
STREET ADDRESS	1505 FEDERAL STREET
CITY-ST-ZIP	DALLAS TX 75201
TITLE	VST <input type="checkbox"/> Delete
NAME	DAVIS, NANCY A
STREET ADDRESS	1505 FEDERAL STREET
CITY-ST-ZIP	DALLAS TX 75201
TITLE	VAS <input type="checkbox"/> Delete
NAME	JACKS, DAN
STREET ADDRESS	1505 FEDERAL STREET
CITY-ST-ZIP	DALLAS TX 75201
TITLE	VPAS <input type="checkbox"/> Delete
NAME	DENNIS, STREIT
STREET ADDRESS	500 N. AKARD
CITY-ST-ZIP	DALLAS TX 75201
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Dennis Streit**  
 Vice President- **4-24-06** **214-740-4440**  
 Assistant Secretary Date Daytime Phone #