

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90032 030 ***150.00

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02062004 Chg-P CR2E034 (10/03)

4. FEI Number 56-1505554	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DOCUMENT # F97000004688			
1. Entity Name WENDOVER FINANCIAL SERVICES CORPORATION			
Principal Place of Business 5400 LEGACY DRIVE PLANO, TX 75024		Mailing Address 5400 LEGACY DRIVE PLANO, TX 75024 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PDCO	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	BENEDICTUS, MARK J			NAME			
STREET ADDRESS	5400 LEGACY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PLANO, TX 75024			CITY-ST-ZIP			
TITLE	VS	☒ Delete		TITLE	VS	☐ Change ☒ Addition	
NAME	TUCK, RONALD W JR.			NAME	Plasket, John O.		
STREET ADDRESS	5400 LEGACY DRIVE			STREET ADDRESS	5400 Legacy Dr		
CITY-ST-ZIP	PLANO, TX 75024			CITY-ST-ZIP	Plano, Tx 75024		
TITLE	VDCO	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	WILKINSON, JOHN S			NAME			
STREET ADDRESS	5400 LEGACY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PLANO, TX 75024			CITY-ST-ZIP			
TITLE	AS	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	MARBLE, SHIRLEY J			NAME			
STREET ADDRESS	5400 LEGACY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PLANO, TX 75024			CITY-ST-ZIP			
TITLE	AT	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	BARTON, BARBARA			NAME			
STREET ADDRESS	5400 LEGACY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PLANO, TX 75024			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #