

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000005690

1. Entity Name
SPECIALTY RETAILERS, INC.



Principal Place of Business

**10201 MAIN STREET
HOUSTON, TX 77025**

Mailing Address

**10201 MAIN STREET
HOUSTON, TX 77025**

DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number
74-0821900

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

U000000269222
03/19/05-80002-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCARBOROUGH, JAMES
STREET ADDRESS 10201 MAIN STREET
CITY-ST-ZIP HOUSTON, TX 77025

TITLE VPSD
NAME MCCREERY, MICHAEL
STREET ADDRESS 10201 MAIN STREET
CITY-ST-ZIP HOUSTON, TX 77025

TITLE VPT
NAME STASYSZEN, RICHARD
STREET ADDRESS 10201 MAIN STREET
CITY-ST-ZIP HOUSTON, TX 77025

TITLE
NAME
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CITY-ST-ZIP

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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)(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: _____

RICHARD STASYSZEN, VP

3-15-05

(713) 667-5601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #