

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005878

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: THE 6000 CAMP BOWIE, INC.

**Current Principal Place of Business:**

1618 ROGERS ROAD  
FORT WORTH, TX 76107

**New Principal Place of Business:**

**Current Mailing Address:**

1618 ROGERS ROAD  
FORT WORTH, TX 76107

**New Mailing Address:**

FEI Number: 75-2352968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORRAL, JOSEPH  
1201 BRICKELL AVENUE  
SUITE 460  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDST ( ) Delete  
Name: LADNER, DALE  
Address: 1618 ROGERS ROAD  
City-St-Zip: FORT WORTH, TX 76107

Title: V ( ) Delete  
Name: HORTON, ROBERT S  
Address: 1618 ROGERS ROAD  
City-St-Zip: FORT WORTH, TX 76107

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE LADNER

PRES

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date