
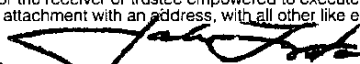


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90053 001 \*\*\*150.00

<b>DOCUMENT # H61405</b> 1. Entity Name <b>LACITA MANAGEMENT CORP.</b>					
Principal Place of Business <b>3030 LBJ FRWY DALLAS, TX 75234</b>			Mailing Address <b>3030 LBJ FRWY <del>STE 1140</del> DALLAS, TX 75234</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>910 Tax Dept.</b>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>75-2045173</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HENSLEE, THOMAS</b>		NAME		
STREET ADDRESS	<b>3030 LBJ FREEWAY, STE 700</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DALLAS, TX</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOWE, DOUGLAS</b>		NAME		
STREET ADDRESS	<b>3030 LBJ FRWY #700</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DALLAS, TX</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LUPTON, JACK</b>		NAME		
STREET ADDRESS	<b>3030 LBJ FRWY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DALLAS, TX 75234</b>		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LONGMIRE, JEFF</b>		NAME	<b>TREAS. JULIE CRONBERG</b>	
STREET ADDRESS	<b>3030 LBJ #700</b>		STREET ADDRESS	<b>3030 LBJ FRWY.</b>	
CITY-ST-ZIP	<b>DALLAS, TX 75234</b>		CITY-ST-ZIP	<b>DALLAS, TX 75234</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>JACK LUPTON</b> 02/16/05 972 243 6191					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					