2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State
01-21-2005 90060 015 ***150.00

DOCUMENT # K58933

1. Entity Name
JOHN THOMAS AMEND & PARTNERS OF FLORIDA, INC.

40003836

Principal Place of Business	Mailing Address
3333 LEE PKWY SUITE 700 DALLAS, TX 75219	3333 LEE PKWY SUITE 700 DALLAS, TX 75219

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0100125
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAMSEY, DAVID
STREET ADDRESS	2601 E. OAKLAND PARK BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VTS
NAME	AMEND, DAVID W.
STREET ADDRESS	3333 LEE PKWY. STE. 700
CITY-ST-ZIP	DALLAS, TX 75219
TITLE	P
NAME	AMEND, JOHN T
STREET ADDRESS	3333 LEE PKWY, STE. 700
CITY-ST-ZIP	DALLAS, TX 75219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: David W Amend 1/06/05 214-696-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #