

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 JUL 15 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07082004 No Chg-P CR2E034 (10/03) *MRD*

4. FEI Number
75-2710436 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	TICHENOR, MCHENRY T JR
STREET ADDRESS	3102 OAK LAWN AVE., STE 215
CITY-ST-ZIP	DALLAS, TX 75219
TITLE	CEO <i>Treasurer</i>
NAME	HINSON, JEFFREY T
STREET ADDRESS	3102 OAK LAWN AVE., STE 215
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	COO
NAME	STONE, GARY
STREET ADDRESS	3102 OAK LAWN AVENUE STE 215
CITY-ST-ZIP	DALLAS, TX 75219
TITLE	VP
NAME	GEROW, DAVID <i>✓</i>
STREET ADDRESS	3102 OAK LAWN AVE., STE 215
CITY-ST-ZIP	DALLAS, TX 75219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700039532657
07/26/04--01063--006 **550.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/04
Date

214-525-7707
Daytime Phone #