

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90108 020 ***150.00

DOCUMENT # L55167

1. Entity Name
TEX TEX CORPORATION



Principal Place of Business
**701 E. CAMINO REAL
SUITE 12A
BOCA RATON, FL 33432 US**

Mailing Address
**4323 DIVISION ST. STE. 106
METAIRIE, FL 70002 US**

50003131



2. Principal Place of Business
4323 Division Street

3. Mailing Address

Suite, Apt. #, etc.
Suite 106

Suite, Apt. #, etc.

City & State
Metairie, Louisiana

City & State

Zip
70002

Country
USA

Zip

Country

01122005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0178376

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREEMAN, DONALD J
1400 CENTREPARK BLVD
STE 950
WEST PALM BEACH, FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
EDMONDSON, JR. M.P.
69 SCHILL AVE
KENNER, LA 70065** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EDMONDSON, JR. M.P.
69 SCHILL AVE
KENNER, LA 70065** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
EDMONDSON, JR. M
69 SCHILL AVENUE
KENNER, LA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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
M. P. Edmondson, Jr.

1/12/05 504 455-3371

Date Daytime Phone #