2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N42887

1. Entity Name
BOB SIKES CUT OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5420 LBJ SUITE 660 DALLAS, TX 75240 US	5420 LBJ SUITE 660 DALLAS, TX 75240 US

02232005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
75-2434657
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHN T LAVIA, LANDERS A PARSONS
310 WEST COLLEGE AVE
TALLAHASSEE, FL 32301

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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)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000279530
03/28/05-80070-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	WEART, VICKI D.
STREET ADDRESS	5420 LBJ FWY SUITE 660
CITY-ST-ZIP	DALLAS, TX
TITLE	CDP
NAME	MAHR, GEORGE J.
STREET ADDRESS	5420 LBJ FWY SUITE 660
CITY-ST-ZIP	DALLAS, TX
TITLE	DV
NAME	HERREN, ROBERT S
STREET ADDRESS	P.O. BOX 854
CITY-ST-ZIP	EASTPOINT, FL 32328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: Vicki D Weart 3/23/05 972-770-8060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #