


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N42887 1. Entity Name BOB SIKES CUT OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 5420 LBJ SUITE 660 DALLAS, TX 75240 US	Mailing Address 5420 LBJ SUITE 660 DALLAS, TX 75240 US
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03142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 75-2434657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	<div style="border: 1px solid black; padding: 20px;"> <h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2> </div>
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST WEART, VICKI D. 5420 LBJ FWY SUITE 660 DALLAS, TX
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CDP MAHR, GEORGE J. 5420 LBJ FWY SUITE 660 DALLAS, TX
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV HERREN, ROBERT S P.O. BOX 854 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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04/03/07-80025-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Vicki D Weart</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/23/07 <small>Date</small>	972-770-2060 <small>Daytime Phone #</small>
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