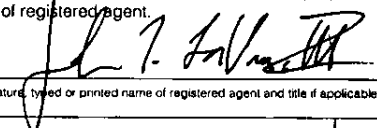
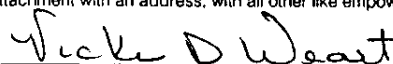


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 18 PM 4:57

<b>DOCUMENT # N42887</b> 1. Entity Name <b>BOB SIKES CUT OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>5420 LBJ SUITE 660 DALLAS, TX 75240 US</b>			Mailing Address <b>5420 LBJ SUITE 660 DALLAS, TX 75240 US</b>		
2. Principal Place of Business - No P.O. Box # <b>238 Water Street</b>		3. Mailing Address <b>3403 White Oak Drive</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Apalachicola, FL</b>		City & State <b>Richardson, TX</b>		4. FEI Number <b>75-2434657</b>	
Zip <b>32320</b>		Country <b>Franklin</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32320</b>		Country <b>Collin</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JOHN T LAVIA, LANDERS A PARSONS 310 WEST COLLEGE AVE TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name <b>John T. LaVia</b> Street Address (P.O. Box Number is Not Acceptable) <b>Young Van Assenderp</b> <b>225 South Adams Street</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32302</b>		
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 <b>3/17/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST WEART, VICKI D. 5420 LBJ FWY SUITE 660 DALLAS, TX</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3403 White Oak Drive Richardson, TX 75082</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDP MAHR, GEORGE J. 5420 LBJ FWY SUITE 660 DALLAS, TX</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>238 Water Street Apalachicola, FL 32320</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV HERREN, ROBERT S P.O. BOX 854 EASTPOINT, FL 32328</b>	<input checked="" type="checkbox"/> Delete	<div style="text-align: center;"> <b>200121256292</b>  <b>03/25/08-01057-015 **\$61.25</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B 3/15/08</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date: <b>3/12/08</b>		Daytime Phone #: <b>972-234-5353</b>