## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 03, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
)	MENT # P010000246			80010	ui j		
1. Entity Name MILTEX PROPERTIES, INC.							
Principal Plac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	}			
203 W WALL, STE 700 Midland, TX 79701		P.O. BOX 7007 MIDLAND, TX 79708-7007					
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				01112006	No Chg-P	CR2E034	(11/05)
DO NOT WRITE IN THIS SP			CE	4. FEI Number			Applied For
				75-293	2897		Not Applicable
				5. Certificate	of Status Desired		3.75 Additional e Required
	6. Name and Address of Current Re	gistered Agent					
MOHIP & BURNETT, P.A.  1 BEACH DRIVE SOUTHEAST				DO	<b>NOT W</b>	RITE	
SUITE 101 ST PETERSBURG, FL 33701				IN T	THIS SF	ACF	
GIFCIE	1000110,1 € 33101			***	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE.	Signature, typed or printed name of registered agent and	9. Election Campaign Fina	ed Agent signature required	. 1		DATE	<u>.                                    </u>
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.	Holling Sa	.00 May Be ed to Fees			
10.	OFFICERS AND DIF	RECTORS	1				
TITLE NAME	PD HILGEMEIER, GREG L	•					
STREET ADDRESS CITY-ST-ZIP	4916 ISLAND DR MIDLAND, TX 79707				Hannann	M16770	
TITLE	SD		1		000000 - <b>30/13/</b> SG	80028-0	24 150.00
NAME STREET ADDRESS	HILGEMEIER, LISA K 4916 ISLAND DR		1				
CITY-ST-ZIP	MIDLAND, TX 79707	·	1				
TITLE NAME			i				
SIREEI ADORESS CITY-ST-ZIP		<i>‡</i>		DO	NOT W	RITE	
THE			1		THIS SF		
NAME STREET ADORESS				11.4	i i iio or	ACL	
CITY-ST-ZIP							
TITLE NAME							
STREET ADDRESS	}						
CITY-ST-ZE	}		-				

12. Thereby certify that the information supplied with this filting 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 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 plany like empowered.

SIGNATURE: X

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06 (432)682-66