

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05866**

1. Entity Name  
**MINCRON SBC CORPORATION**



Principal Place of Business

**333 N. SAM HOUSTON PARKWAY EAST, #1100  
HOUSTON, TX 77060-2403**

Mailing Address

**333 N. SAM HOUSTON PARKWAY EAST, #1100  
HOUSTON, TX 77060-2403**



03202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-2981437**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BERGER, GWENDOLYN
STREET ADDRESS	17802 MANTANA
CITY-ST-ZIP	SPRING, TX
TITLE	D
NAME	CALLIER, JIM
STREET ADDRESS	950 ECHO LANE, STE 335
CITY-ST-ZIP	HOUSTON, TX 77024
TITLE	D
NAME	BOLES, READ
STREET ADDRESS	8841 KNIGHT
CITY-ST-ZIP	HOUSTON, TX 77054
TITLE	P
NAME	BOLES, READ
STREET ADDRESS	333 N. SAM HOUSTON PKWY. E. #1100
CITY-ST-ZIP	HOUSTON, TX 77060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000726086  
05/03/07-80048-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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 employment.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/07 (281) 999-7010

Date

Daytime Phone #