


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P07613 1. Entity Name THRU LINE INC.	
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Principal Place of Business 201 MAIN STREET STE 2300 FT. WORTH, TX 76102	Mailing Address 201 MAIN STREET STE 2300 FT. WORTH, TX 76102
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2000569	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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASS, E.P. 201 MAIN STREET FT. WORTH, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COTHAM, W. ROBERT 201 MAIN STREET FT. WORTH, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REESE, GARY W 201 MAIN STREET FT WORTH, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS GREVE, JAMES 201 MAIN STREET FT. WORTH, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HALLMAN, WILLIAM P, JR 201 MAIN ST FT WORTH, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000002300796
02/15/05-80054-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered.

SIGNATURE:  **2/3/05** 817-390-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
W. ROBERT COTHAM VICE PRESIDENT

Certified Article Number