

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P10490

1. Entity Name
REGENCY RETIREMENT GROUP, INCORPORATED



Principal Place of Business
**6363 WOODWAY, SUITE 1000
HOUSTON, TX 77057**

Mailing Address
**6363 WOODWAY, SUITE 1000
HOUSTON, TX 77057**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
76-0185233

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STEARNS, WEAVER, MILLER ETAL
1 BISCAYNE TOWER
28TH FLOOR
MIAMI, FL 33131**

**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, 2004 Fee will be \$550.00**

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

**100000032042
02/04/04-80174-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	CDV DINERSTEIN, T H 6363 WOODWAY #1000 HOUSTON, TX 770571757
TITLE NAME STREET ADDRESS CITY- ST- ZIP	COOD CALTAGIRONE, VINCENT T. 6363 WOODWAY #1000 HOUSTON, TX 770571759
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEDP DINERSTEIN, JACK 6363 WOODWAY #1000 HOUSTON, TX 770571759
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFOT HUSMANN, RANDALL 6363 WOODWAY DR #1000 HOUSTON, TX 770571759
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S CALTAGIRONE, VINCENT T 6363 WOODWAY SUITE 1000 HOUSTON, TX 770571759
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Randall Husmann* CFO 1/8/2004 713.570.0300
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RANDALL HUSMANN, CFO