

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90040 040 \*\*\*150.00

**DOCUMENT # P37704**

1. Entity Name  
**I.A. NAMAN + ASSOCIATES, INC.**



Principal Place of Business  
**TWO GREENWAY PLAZA, 7TH FLOOR  
HOUSTON, TX 77046-0296**

Mailing Address  
**TWO GREENWAY PLAZA, 7TH FLOOR  
HOUSTON, TX 77046-0296**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-1690593**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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, 2008 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	CEOP BRASUELL, WALLACE 5 HILSHIRE OAKS CT HOUSTON, TX 77055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARROW, THOMAS 6702 CYPRESS VILLAGE DR. SUGAR LAND, TX 77479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSHALL, WILLIAM H. 3303 NORTH PARK MISSOURI CITY, TX 77469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JESKE, DOUG W 16803 CT. RD 931 PEARLAND, TX 77584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WILLIAMS, JOHN 16611 BLACKHAWK FRIENDSWOOD, TX 77546
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 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 empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/8/08* *713-860-3600*