## . 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 04, 2005 8:00 am Secretary of State **DOCUMENT # P92000009945** 04-04-2005 90054 039 \*\*\*150.00 TAMPA PALMS CLUB, INC. 40044912 Principal Place of Business Mailing Address 3030 LBJ FREEWAY 3030 LBJ FREEWAY STE 1140 TE 1140 DALLAS, TX 75234 DALLAS, TX 75234 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 01312005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For 75-2457726 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code FL 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME HOWE, DOUGLAS NAME STREET ADDRESS 3030 LBJ FRWY., #700 STREET ADDRESS DALLAS, TX 75234 CITY-ST-ZIP CITY-ST-ZIP VP ☐ Delete ☐ Change ☐ Addition TRIPOLI, TOM NAME NAME STREET ADDRESS 3030 LBJ FRWY., #700 STREET ADDRESS CITY-ST-ZIP DALLAS, TX CITY-ST-ZIP s TITI F ☐ Delete ☐ Change ☐ Addition TITLE NAME HENSLEE, THOMAS NAME STREET ADDRESS 3030 LBJ FRWY., #700 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DALLAS, TX / Delete TITLE Change ■ Addition TITLE ENS POWER NAME LOGMIRE, JEFF NAME 3030 LBT FRWT. STREET ADDRESS 3030 LBJ FRWY., #700 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75234 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

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

CITY-ST-ZIP

02/16/05 972 243 EYIN YOUER SIGNATURE

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