2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2005 08:00 AM Secretary of State

817-806-1522 Daytime Phone #

· AN	NUAL REPURI
DOCUMENT # P950 1. Entity Name OLD HARBOUR MINERALS	
Principal Place of Business 3700 HULEN STREET	Mailing Address P.O. BOX 985004
FORT WORTH, TX 76107	FORT WORTH, TX 76185-5004

t tamatiyarın tilki taliket a	ICCC MULLI COLLL	TEIN TRIN I	Kill Blebi bilbi	MITTER TO MENT OF STREET

DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301

changed, or on an attachmen

SIGNATURE:

DO NOT WRITE IN THIS SPACE

02252005

SIGNATURE.	itions of registered agent. ———————————————————————————————————	applicable (NOTE Registered	Agent signalure	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS _]			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLEY, JIM D 3700 HULEN STREET FORT WORTH, TX 76107			_	U00000255988 03/08/05-80040-012 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REILLY, DAVE 3700 HULEN STREET FORT WORTH, TX 76107		<u></u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the cor	ertify that the information supplied with this fill on this report or supplemental report is true as poration or the receiver or trustee empowered.	ng does not qualify for the exemp nd accurate and that my signatur to execute this report as require	ption stated re shall hav d by Chapt	in Section 119.07(3) e the same legal effe er 607, Florida Statute	(i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as, and that my name appears in Block 10 or Block 11 if

with all other like empowered.

The AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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