


**2005 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000076588**

1. Entity Name  
 11095 VIKING, INC.



Principal Place of Business      Mailing Address

1801 HERMITAGE BLVD., STE. 600      1801 HERMITAGE BLVD., STE. 600  
 TALLAHASSEE, FL 32308      TALLAHASSEE, FL 32308



01072005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-3465691      Not Applicable

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

6. Name and Address of Current Registered Agent

TODD, DAVID E  
 1801 HERMITAGE BLVD., STE. 100  
 TALLAHASSEE, FL 32308

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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	VPAS
NAME	WEAVER, REGINA
STREET ADDRESS	8750 N CENTRAL #800
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	V
NAME	HORTON, JAMES W
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	DVAS
NAME	SMTIH, JEFFREY
STREET ADDRESS	1801 HERMITAGED BLVD#600
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	DVAT
NAME	GRAY, LYNNE M
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	P
NAME	SMITH, G. ANDREWS
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, STE. 800
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	VS
NAME	FARALDO, MARK P
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, SUITE 800
CITY-ST-ZIP	DALLAS, TX 75231

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 02/02/05-80015-008 150.00

**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)(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: Mark P. Faraldo    Mark P. Faraldo    1/25/05    2149890800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #