


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90004 036 ***150.00

DOCUMENT # 853085
 1. Entity Name
MARTIN SPROCKET & GEAR, INC.



Principal Place of Business Mailing Address
PO BOX 91588 PO BOX 91588
ARLINGTON, TX 76015 ARLINGTON, TX 76015

54025865



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03012004 Chg-P CR2E034 (10/03)

City & State City & State
 4. FEI Number **75-0832268** Applied For
 Not Applicable

Zip Country Zip Country
 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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	MARTIN, JOE R JR	
STREET ADDRESS	3100 SPROCKET DR.	
CITY-ST-ZIP	ARLINGTON, TX 00000,	
TITLE	VC	<input type="checkbox"/> Delete
NAME	MARTIN, GARY C	
STREET ADDRESS	3100 SPROCKET DR.	
CITY-ST-ZIP	ARLINGTON, TX 76015	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES	
STREET ADDRESS	3100 SPROCKET DR.	
CITY-ST-ZIP	ARLINGTON, TX 76015	
TITLE	D	<input type="checkbox"/> Delete
NAME	DECKER, ROBERT	
STREET ADDRESS	3200 CONTINENTAL PLAZA	
CITY-ST-ZIP	FT WORTH, TX 00000,	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DILLENBACK, ROBERT	
STREET ADDRESS	3100 SPROCKET DR	
CITY-ST-ZIP	ARLINGTON, TX 76015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: James L. Johnson **3-31-04** **817-2583000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #