


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 853085 1. Entity Name MARTIN SPROCKET & GEAR, INC.	
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Principal Place of Business PO BOX 91588 ARLINGTON, TX 76015	Mailing Address PO BOX 91588 ARLINGTON, TX 76015
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-0832268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000741563
 05/15/07-80033-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MARTIN, JOE R JR 3100 SPROCKET DR. ARLINGTON, TX 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MARTIN, GARY C 3100 SPROCKET DR. ARLINGTON, TX 76015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, JAMES 3100 SPROCKET DR. ARLINGTON, TX 76015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIKEN, CHARLES 801 CHERRY ST SUITE 2000 FORT WORTH, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  **04/25/07** **817-258-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #