

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000005401	
1. Entity Name ADMINISOURCE COMMUNICATIONS, INC.	

Principal Place of Business 1617 W. CROSBY ROAD, STE 100 CARROLLTON, TX 75006	Mailing Address P.O. BOX 113060 CARROLLTON, TX 75011
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2734871	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303
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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 _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGILL, DENNIS S 718 STRATFORD LANE COPELL, TX 75019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LO, EDWARD K 3804 MORNING DOVE DR. PLANO, TX 75025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KNOLL, MICHAEL J 4835 BRIAR CREEK DR FLOWER MOUND, TX 75028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, JONATHAN 4005 CRESTWOOD DRIVE CARROLLTON, TX 75007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBSTER, DOUGLAS S 2283 HIDDEN VALLEY HOWELL, MI 48843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/05-80062-013 150.00

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: D.S. MAGILL 1-5-05 972 389 1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #