


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90019 047 ***150.00

DOCUMENT # P96000031380			
1. Entity Name FACILITY DEVELOPMENT CORPORATION			
Principal Place of Business ONE ENTERPRISE WEST SANDERSON, FL 32087 US		Mailing Address 5627 FM 1960 WEST HOUSTON, TX 77069 US	
2. Principal Place of Business		3. Mailing Address <i>14925 Stuebner Airline Road</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 307</i>	
City & State		City & State <i>HOUSTON, TX</i>	
Zip		Zip <i>77069</i>	
Country		Country <i>USA</i>	
4. FEI Number 03012004		Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, BARRY I 5627 FM 1960 WEST #J HOUSTON, TX 77069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>14925 Stuebner Airline Rd, Ste 307</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TIDHOLM, DAVID 5627 FM 1960 WEST #J HOUSTON, TX 770694200 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>14925 Stuebner Airline Rd, Ste 307</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, SHARYN 5627 FM 1960 WEST #J HOUSTON, TX 770694200 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>14925 Stuebner Airline Rd, Ste 307</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: <i>Barry Ian King</i>		Date: <i>3/5/4</i> Daytime Phone #: <i>281-880-5406</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	