

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90010 036 ***150.00

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01062004 Chg-P CR2E034 (10/03)

DOCUMENT # 827710					
1. Entity Name LOREN COOK COMPANY					
Principal Place of Business 2015 E. DALE STREET P. O. BOX 4047 GS SPRINGFIELD, MO 65808			Mailing Address 2015 E. DALE STREET P. O. BOX 4047 GS SPRINGFIELD, MO 65808		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 34-0673236	
Zip	Country	Zip	Country	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		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK, GERALD		NAME		
STREET ADDRESS	5632 S CASTLEBAY		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, MO		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLWELL, VICTOR C.		NAME		
STREET ADDRESS	2424 S. MUMFORD		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, MO		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK, KAY LYNN		NAME		
STREET ADDRESS	5632 S CASTLEBAY		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, MO		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNEY, STEVE.		NAME		
STREET ADDRESS	6453 N CRYSTAL VALLEY LN		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, MO		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK, PAULA		NAME	Daugherty, Paula Cook	
STREET ADDRESS	6067 S. DEAR RUN COURT		STREET ADDRESS	6067 S Deer Run Court	
CITY-ST-ZIP	OZARK, MO 65721		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK, GERALD A JR		NAME		
STREET ADDRESS	4327 E. SERENADE ST		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, MO 65809		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: <i>Michael J. Stone</i>		Michael J. Stone		1/6/04 417-869-6474	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	