


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 827710 1. Entity Name LOREN COOK COMPANY	
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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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Zip Country	City & State Zip Country
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4. FEI Number 34-0673236	<input type="checkbox"/> Applied For <input type="checkbox"/> 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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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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	COOK, GERALD	<input type="checkbox"/> Delete	TITLE	UUUUUU0443036	03/04/06-80044-020 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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"/> Add
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"/> Add
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 type="checkbox"/> Change <input type="checkbox"/> Add
NAME		DAUGHERTY, PAULA COOK		NAME			
STREET ADDRESS		6067 S DEER RUN COURT		STREET ADDRESS			
CITY-ST-ZIP		OZARK MO 65721		CITY-ST-ZIP			
TITLE		TD	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Add
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 exemptions contained in Section 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: *Steve Burney* Steve Burney Exec. V.P. 1-25-06 417-869-6474