

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000072

Entity Name: LOCUST CENTER, LTD., INC.

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

303 LOCUST ST, SUITE 150
DES MOINES, IA 50309

New Principal Place of Business:

Current Mailing Address:

303 LOCUST ST, SUITE 150
DES MOINES, IA 50309

New Mailing Address:

FEI Number: 42-1351043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCAFEE, J. DANIEL
99900 OVERSEAS HWY
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GERLEMAN, BRUCE W
Address: 448 COUNTY LINE RD
City-St-Zip: CUMMING, IA 50061

Title: VD () Delete
Name: GERLEMAN, TONI L
Address: 448 COUNTY LINE RD
City-St-Zip: CUMMING, IA 50061

Title: SD () Delete
Name: GERLEMAN, GRETCHEN
Address: 448 COUNTY LINE RD
City-St-Zip: CUMMING, IA 50061

Title: TD () Delete
Name: GERLEMAN, GRANT
Address: 448 COUNTY LINE RD
City-St-Zip: CUMMING, IA 50061

Title: D () Delete
Name: GERLEMAN, ANNA
Address: 448 COUNTY LINE RD
City-St-Zip: CUMMING, IA 50061

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GERLEMAN, BRUCE W
Address: 1164 45TH LANE
City-St-Zip: CUMMING, IA 50061

Title: VD (X) Change () Addition
Name: GERLEMAN, TONI L
Address: 1164 45TH LANE
City-St-Zip: CUMMING, IA 50061

Title: SD (X) Change () Addition
Name: GERLEMAN, GRETCHEN
Address: 1164 45TH LANE
City-St-Zip: CUMMING, IA 50061

Title: TD (X) Change () Addition
Name: GERLEMAN, GRANT
Address: 1164 45TH LANE
City-St-Zip: CUMMING, IA 50061

Title: D (X) Change () Addition
Name: GERLEMAN, ANNA
Address: 1164 45TH LANE
City-St-Zip: CUMMING, IA 50061

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE W, GERLEMAN

PRES

01/13/2004

Electronic Signature of Signing Officer or Director

Date