

2025 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F03000002331

Entity Name: OWN MISSOURI, INC.**Current Principal Place of Business:**3213 S. WEST BYPASS
SPRINGFIELD, MO 65807**Current Mailing Address:**3213 S. WEST BYPASS
SPRINGFIELD, MO 65807 US**FEI Number:** 44-0581184**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 US*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**Officer/Director Detail :**

Title CEO, DIRECTOR
Name HOGAN, JERROD
Address 3213 S. WEST BYPASS
City-State-Zip: SPRINGFIELD MO 65807

Title DIRECTOR, PRESIDENT
Name ENGEL, PAUL
Address 3213 S. WEST BYPASS
City-State-Zip: SPRINGFIELD MO 65807

Title DIRECTOR, VP
Name ECKHART, ANDREW
Address 3213 S. WEST BYPASS
City-State-Zip: SPRINGFIELD MO 65807

Title ASSITANT SECRETARY
Name HARGRAVE, AARON
Address 3213 S. WEST BYPASS
City-State-Zip: SPRINGFIELD MO 65807

Title ASSISTANT SECRETARY
Name DAVIS, JARED
Address 3213 S. WEST BYPASS
City-State-Zip: SPRINGFIELD MO 65807

Title TREASURER
Name BOLEN, ANGELA
Address 3213 S. WEST BYPASS
City-State-Zip: SPRINGFIELD MO 65807

Title SECRETARY, DIRECTOR
Name VANWEY, KATHY
Address 3213 S. WEST BYPASS
City-State-Zip: SPRINGFIELD MO 65807

Title ASST. SECRETARY
Name BAILEY, ANGELA
Address 3213 S WEST BYPASS
City-State-Zip: SPRINGFIELD MO 65807

I hereby 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 all other like empowered.

SIGNATURE: KATHY VANWEY**SECRETARY****09/15/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date