


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 808452 1. Entity Name HILLYARD, INC.	
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Principal Place of Business 302 NORTH 4TH ST. ST JOSEPHS, MO 64501-1720	Mailing Address 302 NORTH 4TH ST. ST JOSEPHS, MO 64501-1720
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 44-0522196	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLYARD, M. SCOTT 2619 LOVERS LN ST JOSEPH, MO 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROLUS, JAMES P. 2831 LOVERS LANE ST JOSEPH, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAROLUS, JAMES 2831 LOVERS LANE ST. JOSEPH, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ROTH, JAMES H. 12759 LAKELAND AVE ST. JOSEPH, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTH, ROBERT W. 1302 ASHLAND ST. JOSEPH, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST AMBROSE, NEIL 4110 NE 5812 TERRACE KANSAS CITY, MO 64119

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date March 11, 2005	Daytime Phone # 816-233-1321
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