


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90202 031 \*\*\*150.00

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|--|---|
| <b>DOCUMENT # 808452</b><br>1. Entity Name<br>HILLYARD, INC. |  |
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|  |  |
|--|--|
| Principal Place of Business<br>302 NORTH 4TH ST.<br>ST JOSEPH, MO 64501-1720 | Mailing Address<br>302 NORTH 4TH ST.<br>ST JOSEPH, MO 64501-1720 |
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**DO NOT WRITE IN THIS SPACE**



04022007 No Chg-P CR2E034 (11/05)

|  |  |
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| 4. FEI Number<br>44-0522196  | Applied For<br><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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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HILLYARD, M. SCOTT<br>2619 LOVERS LN<br>ST JOSEPH, MO 00000,     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>CAROLUS, JAMES P.<br>2831 LOVERS LANE<br>ST JOSEPH, MO           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>CAROLUS, JAMES<br>2831 LOVERS LANE<br>ST. JOSEPH, MO             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SVD<br>ROTH, JAMES H.<br>12759 LAKE LAND AVE<br>ST. JOSEPH, MO        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>ROTH, ROBERT W.<br>1302 ASHLAND<br>ST. JOSEPH, MO               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | AST<br>AMBROSE, NEIL<br>4110 NE 5812 TERRACE<br>KANSAS CITY, MO 64119 |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **4/9/07** **700-365-1555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #