2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE Principal Place of Business Mailing Address 2500 E. KEARNEY SPRINGFIELD, MO 65898 US 01052005 No Chg-P CR2E034 (10/03) Applied Fc	ANNUAL REPORT					Secretary of State		
SI 17.6 OVERSEAS HAY SPRINGFIELD, MO 65898 US DO NOT WRITE IN THIS SPACE O1052005 No Chg.P CRZE034 (10/03)	1. Entity Name	9	1			Secretar	y of State	
DO NOT WRITE IN THIS SPACE A FEI Number Sp-1198371 Spoiled FE	81576 OVER	SEAS HWY	2500 E. KEARNEY	us	- (D 11806 WORS DOWN WWO 111/ BONN 1	ODDO ALDOS DIANG ALDOS DIANG ALDOS DIANG	
HOMMELL JR., GEORGE 82245 OVERSEAS HWY. ISLAMORADA, FL 33036 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 acc the obligations of registered agent. SIGNATURE	D	O NOT WRITE	IN THIS SPA	CE	01052005 4. FEI Number 59-119	No Chg-P C er 8371	Applied For Not Applicable \$8.75 Additional	
82.245 OVERSEAS HWY. ISLAMORADA, FL 33036 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Stelle of Florida. I am familiar with, and acc the obligations of registored agent. SIGNATURE Signature, hypoid or befored name of registered agent and still a applicable. PHAGALE, JIM STREET ADDRESS CITY-ST-2P SPRINGFIELD, MO INTLE MANAE SIRRET ADDRESS CITY-ST-2P SPRINGFIELD, MO INTLE MANAE SIRRET ADDRESS CITY-ST-2P CI	<u> </u>	6. Name and Address of Current R	egistered Agent	-				
the obligations of registered agent. SIGNATURE Signalure, typed or private famile of registered agent and site if applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. DRAW ADDRESS OFFI ADDRESS OF	82245 OVERSEAS HWY.				_			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its registe	red office or registe	red agent, or bo	th, in the State of Florida.	I am familiar with, and accept	
10. OFFICERS AND DIRECTORS ITTLE PHAGALE, JIM STREET ADDRESS CITY-ST-2P SPRINGFIELD, MO 65898 TITLE NAME MILLER, TONI STREET ADDRESS CITY-ST-2IP ITTLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP ITTLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS		Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE, Register	ed Agent signature require	d when reinstating)	!	DATE	
ITILE NAME STREET ADDRESS CITY-ST-ZIP SPRINGFIELD, MO 65898 TITLE NAME STREET ADDRESS CITY-ST-ZIP SPRINGFIELD, MO MILLER, TONI 6040 SOUTH ROANOKE SPRINGFIELD, MO DO NOT WRITE ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.					00000018 01/20/05-80	34645 0034-015 150.00	
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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 attach tent with an address, with all other like ampowered.