

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 822535**

1. Entity Name  
**GEO. P. REINTJES CO., INC.**



Principal Place of Business  
**3800 SUMMIT  
KANSAS CITY, MO 64111**

Mailing Address  
**3800 SUMMIT  
KANSAS CITY, MO 64111**



01262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**44-0654308**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

1000000155456

05/05/04-80038-018 158.75

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME REINTJES, ROBERT J  
STREET ADDRESS 6440 WENONGA  
CITY-ST-ZIP SHAWNEE MISSION, KS

TITLE VP  
NAME JOHNSON, STEVE  
STREET ADDRESS 1321 HORIZON ST.  
CITY-ST-ZIP BLUE SPRINGS, MO

TITLE STD  
NAME JADERBORG, K.  
STREET ADDRESS 7305 GODDARD DR.  
CITY-ST-ZIP SHAWNEE, KS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *K. Jaderborg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-04

816 756 2150

Date

Daytime Phone #