

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90007 035 ***150.00

DOCUMENT # 835073

1. Entity Name

JUSTINE REALTY COMPANY



Principal Place of Business

10820 SUNSET OFFICE DRIVE
240
ST LOUIS MO 63127-1030
US

Mailing Address

10820 SUNSET OFFICE DRIVE
240
ST LOUIS MO 63127-1030
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-6036292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete
NAME MEYER, R H W
STREET ADDRESS 5653 N. HWY. 94
CITY-ST-ZIP PTGE DES SIOUX, MO 00000

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **ZIP CODE 63373**

TITLE SD ☐ Delete
NAME GALANIS, W T
STREET ADDRESS 6961 HILLSLAND AVE
CITY-ST-ZIP ST LOUIS, MO 00000

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **ZIP CODE 63109-1947**

TITLE VD ☐ Delete
NAME FIENUP, W. J.
STREET ADDRESS 13045 WHEATFIELD FARM RD
CITY-ST-ZIP ST. LOUIS MO

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **ZIP CODE 63141**

TITLE PTD ☐ Delete
NAME FIENUP, R. H.
STREET ADDRESS 10820 SUNSET OFFICE DRIVE STE 240
CITY-ST-ZIP ST LOUIS MO 63127-1030

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SMYTHE, M.A.
STREET ADDRESS 17041 WILD HORSE CRK RD
CITY-ST-ZIP CHESTERFIELD MO

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **ZIP CODE 63005**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Raymond H. Fienup* **RAYMOND H. FIENUP** 2-12-04 314-821-5866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #