


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90413 040 ***150.00

DOCUMENT # 837243

1. Entity Name
A. G. EDWARDS & SONS INSURANCE AGENCY-MISSOURI, INC.



Principal Place of Business ONE NORTH JEFFERSON ST. LOUIS, MO 63103 US	Mailing Address ONE NORTH JEFFERSON C/O TAX DEPT ST. LOUIS, MO 63103 US
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1088908	Applied For <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**

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 reinstating) DATE _____

**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD SCAFATI, MICHAEL ONE NORTH JEFFERSON ST. LOUIS MO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KELLY, DOUGLAS L ONE NORTH JEFFERSON ST. LOUIS, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRANSON, BILL ONE NORTH JEFFERSON ST LOUIS, MO
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: V. Pres. 4/29/04 (314) 955-4320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Doc. # 837243

**A.G. EDWARDS & SONS INSURANCE
AGENCY - MISSOURI, INC.**

State of Incorporation - Missouri
Date of Incorporation - October 1, 1976
Tax ID #43-1088908

BOARD OF DIRECTORS

Douglas L. Kelly
Robert A. Pietroburgo
Michael Scafati

OFFICERS

Chairman and President	Michael Scafati
Vice President, Treasurer & Secretary	Douglas L. Kelly
Assistant Treasurer	Bill B. Branson, Jr.

(March 1, 2004)