

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90012 037 ***150.00

DOCUMENT # 844631

1. Entity Name
HERZOG CONTRACTING CORP.



Principal Place of Business

600 S. RIVERSIDE ROAD
PO BOX 1089
ST. JOSEPH, MO 64502-1089

Mailing Address

600 S. RIVERSIDE ROAD
PO BOX 1089
ST. JOSEPH, MO 64502-1089

94039814



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-0918005

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

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**

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
PTD
HERZOG WILLIAM E
600 S.RIVERSIDE ROAD
ST JOSEPH, MO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HERZOG STANLEY M
600 S.RIVERSIDE ROAD
ST JOSEPH, MO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HERZOG WILLIAM R
600 S.RIVERSIDE ROAD
ST JOSEPH, MO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PETER, STEVEN W
600 S.RIVERSIDE ROAD
ST JOSEPH, MO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip E. Schieker 3/23/04 816-233-9001

Date

Daytime Phone #