


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 844631 1. Entity Name HERZOG CONTRACTING CORP.	
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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
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 43-0918005	Applied For 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

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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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03/07/05-80054-018 150.00

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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 attachment with an address, with all other like empowered.

SIGNATURE Phillip E. Schreiber 3-1-05 816-233-9001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #