


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 851447 1. Entity Name L.G. BARCUS AND SONS, INC.	
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Principal Place of Business 1430 STATE AVENUE KANSAS CITY, KS 66102	Mailing Address 1430 STATE AVENUE KANSAS CITY, KS 66102
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 48-0537757	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS STOCKFLETH, DALÉ E. 8527 ALDEN LENEXA, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOENER, RICHARD W. 11608 W. 100TH ST. OVERLAND PARK, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BARCUS, LAWRENCE G. 1430 STATE AVE. KANSAS CITY, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROSSMAN, DAVID 6225 NW UNION CHAPEL ROAD PARKVILLE, MO 64152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEDING, JIM 1105 PINEVIEW OLATHE, KS 66061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARCUS, DOUGLAS G 21720 W. 52ND STREET SHAWNEE, KS 66226

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 07/06/04-80003-013 150.00

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)(f), 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: Thomas J Roberts Date: 7/2/04 Daytime Phone #: 913-621-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR