

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F00000006678

1. Entity Name
MIDWESTERN GENERAL BROKERAGE, INC.



Principal Place of Business

**801 WEST 47TH STREET
SUITE 500
KANSAS CITY, MO 64112**

Mailing Address

**801 WEST 47TH STREET
SUITE 500
KANSAS CITY, MO 64112**



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1607285

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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
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 PD
NAME WESTROPE, KEVIN T
STREET ADDRESS 801 WEST 47TH STREET, SUITE 500
CITY-ST-ZIP KANSAS CITY, MO 64112

TITLE S
NAME BREEDING, MICHAEL
STREET ADDRESS 801 WEST 47TH STREET, SUITE 500
CITY-ST-ZIP KANSAS CITY, MO 64112

TITLE CT
NAME TIMMONS, JOSEPH D
STREET ADDRESS 255 NW BLUE PARKWAY
CITY-ST-ZIP LEE'S SUMMIT, MO 64063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000163302
07/06/04-80008-001 150.00

**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)(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: Michael C. Breeding Michael C. Breeding 06/30/2004 (816)842-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #