

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90040 013 ***150.00

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1. Entity Name
BROOKE CORPORATION



Principal Place of Business
PO BOX 412008
KANSAS CITY, MO 64141-2008

Mailing Address
PO BOX 412008
KANSAS CITY, MO 64141-2008

2. Principal Place of Business
210 West State

3. Mailing Address
10950 Grandview
Suite, Apt. #, etc.
Suite 600

City & State
Phillipsburg, KS
Zip
67661
Country
USA

City & State
Overland Park, KS
Zip
66210
Country
USA

04012004 Chg-P CR2E034 (10/03)

4. FEI Number
48-1009756
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 S. PINE ISLAND RD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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	CD ORR, ROBERT D RT 2 BOX 53 SMITH CENTER, KS 66967 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESS, MICHAEL S 516 S GRANT SMITH CENTER, KS 66967 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP ORR, LELAND G 501 BERGLUND DRIVE PHILLIPSBURG, KS 67661 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LARSON, ANITA F 627 LOUISIANA LAWRENCE, KS 66044 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARST, KYLE 12726 FLINT LANE OVERLAND PARK, KS 66210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>210 West State</i> <i>Phillipsburg, KS 67661</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10875 Grandview, Suite 110</i> <i>Overland Park, KS 66210</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>VTD</i> <i>210 West State</i> <i>Phillipsburg, KS 67661</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>VS</i> <i>10950 Grandview, Suite 600</i> <i>Overland Park, KS 66210</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10950 Grandview, Suite 600</i> <i>Overland Park, KS 66210</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

[Signature] Vice President/Director 4/11/2004
Treasurer

Date

Daytime Phone #