

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2004 90040 038 ***150.00

DOCUMENT # F00000006798

1. Entity Name
BROOKE LIFE AND HEALTH, INC.



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
10950 Grandview

3. Mailing Address
10950 Grandview

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

City & State
Overland Park, KS

City & State
Overland Park, KS

Zip
66210

Country
USA

Zip
66210

Country
USA

04012004

Chg-P

CR2E034 (10/03)

4. FEI Number
48-1065317

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 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
**DP
LOWERY, SHAWN
10895 GRANDVIEW DR BLDG 24, SUITE 250
OVERLAND PARK, KS 66210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
DEVLIN, DANE
10895 GRANDVIEW DR BLDG 24 SUITE 250
OVERLAND PARK, KS 66210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPT
WINCHESTER, TIMOTHY
10895 GRANDVIEW DR BLDG 24 SUITE 250
OVERLAND PARK, KS 66210** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VT
GAUGHAN, LISA
10875 BENSON DR SUITE 110
OVERLAND PARK, KS 66210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**10950 Grandview, Suite 600
Overland Park, KS 66210** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**10950 Grandview, Suite 600
Overland Park, KS 66210** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VS
10950 Grandview, Suite 600
Overland Park, KS 66210** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
Bryan Whipple
10950 Grandview, Suite 600
Overland Park, KS 66210** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
Peter Gull
10950 Grandview, Suite 600
Overland Park, KS 66210** ☐ Change ☒ 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

Shawn T. Lowery President/Director

Date

4/1/04

Daytime Phone #