

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2004 90040 039 ***150.00

DOCUMENT # F00000006910

1. Entity Name
THE AMERICAN AGENCY, 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

04012004 Chg-P CR2E034 (10/03)

City & State
Overland Park, KS

City & State
Overland Park, KS

4. FEI Number
48-0904362

Applied For
Not Applicable

Zip
66210

Country
USA

Zip
66210

Country
USA

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

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 PD ☐ Delete
NAME LOWRY, SHAWN
STREET ADDRESS 10895 GRANDVIEW DR, BLDG 24, SUITE 250
CITY-ST-ZIP OVERLAND PARK, KS 66210

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

TITLE V ☐ Delete
NAME MAXWELL, CHAD
STREET ADDRESS 10895 GRANDVIEW DR, BLDG 24, SUITE 250
CITY-ST-ZIP OVERLAND PARK, KS 66210

TITLE V ☐ Delete
NAME RATTERMAN, B W III
STREET ADDRESS 301 S PERIMETER PARK DR, SUITE 100
CITY-ST-ZIP NASHVILLE, TN 37211

TITLE V ☒ Delete
NAME OFFUTT, ANDREW
STREET ADDRESS 5755 MARK DABLING BLVD, STE 190
CITY-ST-ZIP COLORADO SPRINGS, CO 80919

TITLE VP ☒ Delete
NAME DEVLIN, DANE
STREET ADDRESS 10895 GRANDVIEW DR BLD 24 STE 250
CITY-ST-ZIP OVERLAND PARK, KS 66210

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

Date

Daytime Phone #

Shawn T. Lowry President/Director 4/1/2004