

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2004 90040 014 \*\*\*150.00

**DOCUMENT # F03000001000**

1. Entity Name  
**BROOKE FRANCHISE 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  
**10950 Grandview**  
Suite, Apt. #, etc.  
**Suite 600**

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

City & State  
**Overland Park, KS**  
Zip  
**66210** Country  
**USA**

City & State  
**Overland Park, KS**  
Zip  
**66210** Country  
**USA**

04012004 Chg-P CR2E034 (10/03)

4. FEI Number  
**43-1439353** 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**

**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 LOWRY, SHAWN 10895 GRANDVIEW DR., BLDG. 24, STE. 250 OVERLAND PARK, KS 66210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVLIN, DANE 10895 GRANDVIEW DR., BLDG. 24, STE. 250 OVERLAND PARK, KS 66210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DHOL THUS, MITCH 112 GEMINI SILVER LAKE, KS 66539 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHIPPLE, BRYAN 10895 GRANDVIEW DR., BLDG. 24, STE. 250 OVERLAND PARK, KS 66210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERISKO, SUSAN 5755 MARK DABLING BLVD., STE 190 COLORADO SPRINGS, CO 80919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLEMMER, KENNETH 9550 FOREST LANE, SUITE 208 DALLAS, TX 75243 <input checked="" 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 <b>10950 Grandview, Suite 600 Overland Park, KS 66210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10950 Grandview, Suite 600 Overland Park, KS 66210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Holtus, Mitch</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10950 Grandview, Suite 600 Overland Park, KS 66210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V Joseph Craven 3343 Perimeter Hill Dr. Ste. 320 Nashville, TN 37211</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S Matthew Rengel 10950 Grandview, Ste. 600 Overland Park, KS 66210</b>

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: Shawn T. Lowry President/Director 4/1/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #