

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90297 030 ***150.00

14011671



04132005 Chg-P CR2E034 (10/03)

DOCUMENT # F03000002198 1. Entity Name FREEDOM FINANCIAL GROUP OF MISSOURI, INC.					
Principal Place of Business 3042 EAST ELM ST. SPRINGFIELD, MO 65802			Mailing Address 3042 EAST ELM ST. SPRINGFIELD, MO 65802		
2. Principal Place of Business 3058 East Elm St. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3058 East Elm St. <small>Suite, Apt. #, etc.</small>		4. FEI Number 43-1647559	
City & State Springfield MO <small>Zip</small> 65802		City & State Springfield MO <small>Zip</small> 65802			
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO FENSTERMAKER, JERRY 3042 EAST ELM ST. SPRINGFIELD, MO 65802	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Fenstermaker, Jerry 3058 East Elm St. Springfield, MO 65802	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENSTERMAKER, JERRY 3042 EAST ELM ST. SPRINGFIELD, MO 65802	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fenstermaker, Jerry 3058 East Elm St. Springfield, MO 65802	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSCOMB, GARY 3145 S CAMPBELL AVE SPRINGFIELD, MO 65807	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Compton, Troy 235 E. Bethany Dr. Springfield, MO 65803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEIGERT, VERN 1121 EAST MISSOURI, STE 100 PHOENIX, AZ 85014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chancellor Bob 3041 E. Lamonta Dr. Springfield, MO 65804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRAHAM, DAN 3042 EAST ELM ST. SPRINGFIELD, MO 65802	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Graham, Dan 3058 East Elm St. Springfield, MO 65802	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWNE, JIM 191 LOMBARD AVE., 9TH FLOOR WINNIPEG, MANITOBA CANADA, R3B0X1	<input type="checkbox"/> Delete	<See attached page>		
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 empowerment.					
SIGNATURE: <u>Daniel F. Graham</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/26/05 417-886-6600 <small>Date Daytime Phone #</small>		

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1. Entity Name
FREEDOM FINANCIAL GROUP OF MISSOURI, INC.



Principal Place of Business
3042 EAST ELM ST.
SPRINGFIELD, MO 65802

Mailing Address
3042 EAST ELM ST.
SPRINGFIELD, MO 65802

ATTACHMENT
14011671

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
43-1647559

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO FENSTERMAKER, JERRY 3042 EAST ELM ST. SPRINGFIELD, MO 65802	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRAHAM, DAN 3042 EAST ELM ST. SPRINGFIELD, MO 65802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWNE, JIM 191 LOMBARD AVE., 9TH FLOOR WINNIPEG, MANITOBA CANADA, R3B0X1	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bore, Steve 1821 E Nottingham Springfield MO 65804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Browne, Jim 114 Regent Ave West Winnipeg, Manitoba Canada R2C1P9	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #