

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90051 037 \*\*\*150.00

**DOCUMENT # F03000902285**

1. Entity Name

**RANGEL DISTRIBUTING COMPANY**



Principal Place of Business

1327 ST. LOUIS AVENUE  
KANSAS CITY MO 64101

Mailing Address

1331 ST. LOUIS AVENUE  
KANSAS CITY MO 64101

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3825

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

OLATHE, KS

Zip

66063

Country

JOHNSON

4. FEI Number

48-1185145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KHAN, MOHAMID**  
**8131 VINELAND AVE. #306**  
**ORLANDO FL 32821**

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RANGEL, JOSEPHINE	
STREET ADDRESS	PO BOX 8192	
CITY-ST-ZIP	PRAIRIE VILLAGE KS 66028	
TITLE	V	<input type="checkbox"/> Delete
NAME	RANGEL, DAVID	
STREET ADDRESS	17544 W. 157 TERR.	
CITY-ST-ZIP	OLATHE KS 66062	
TITLE	S	<input type="checkbox"/> Delete
NAME	RANGEL, RICHARD	
STREET ADDRESS	5105 GARNER LANE	
CITY-ST-ZIP	MERRIAM KS 66203	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WOLFE, SHIRLEY	
STREET ADDRESS	10724 W. 88TH TERR	
CITY-ST-ZIP	OVERLAND PARK KS 66214	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANGEL, PERRY	
STREET ADDRESS	1023 DOGWOOD DRIVE	
CITY-ST-ZIP	RAYMORE MD 64083	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMS, DANIEL	
STREET ADDRESS	14715 KAW DRIVE	
CITY-ST-ZIP	OLATHE KS 66062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	204 W. Heritage Dr.	
CITY-ST-ZIP	RAYMORE, MO. 64083	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *Josephine C. Rangel* **Pres.** **1-26-04** **816-842-7933**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #