

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2004 90040 015 ***150.00

DOCUMENT # F03000004015

1. Entity Name
HERITAGE AGENCY CONSULTANTS, 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

48-1082448

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 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 **DP** ☐ Delete
NAME **LOWRY, SHAWN**
STREET ADDRESS **10895 GRANDVIEW DR., BLDG. 24, STE. 250**
CITY-ST-ZIP **OVERLAND PARK, KS 66210**

TITLE **DST** ☐ Delete
NAME **DEVLIN, DANE**
STREET ADDRESS **10895 GRANDVIEW, STE. 250**
CITY-ST-ZIP **OVERLAND PARK, KS 66210**

TITLE **VP** ☐ Delete
NAME **WHIPPLE, BRYAN**
STREET ADDRESS **10895 GRANDVIEW, STE. 250**
CITY-ST-ZIP **OVERLAND PARK, KS 66210**

TITLE **VP** ☐ Delete
NAME **MERISKO, SUSAN**
STREET ADDRESS **10895 GRANDVIEW, STE. 250**
CITY-ST-ZIP **OVERLAND PARK, KS 66210**

TITLE **VP** ☒ Delete
NAME **CLEMMER, KENNETH**
STREET ADDRESS **9550 FOREST LANE, STE. 208**
CITY-ST-ZIP **DALLAS, TX 75243**

TITLE **VP** ☐ Delete
NAME **CRAVEN, JOSPEH**
STREET ADDRESS **3343 PERIMETER HILL DRIVE, STE. 320**
CITY-ST-ZIP **NASHVILLE, TN 37211**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
NAME **5755 Mark Dabbling Blvd, Ste 190, North Creek II**
STREET ADDRESS **Colorado Springs, CO 80919**

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

TITLE ☐ Change ☐ 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:

Shawn I. Lowry President/Director **4/1/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #