


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90501 004 ***150.00

DOCUMENT # F03000005956 1. Entity Name H&R BLOCK SMALL BUSINESS RESOURCES, INC.					
Principal Place of Business 4400 MAIN STREET KANSAS CITY, MO 64111			Mailing Address 4400 MAIN STREET KANSAS CITY, MO 64111		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 42-1552029	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ERNST, MARK A	NAME	Mark P. Basinski		
STREET ADDRESS	4400 MAIN STREET	STREET ADDRESS	4400 Main Street		
CITY-ST-ZIP	KANSAS CITY, MO 64111	CITY-ST-ZIP	Kansas City, MO 64111		
TITLE	D <input type="checkbox"/> Delete	TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WILSON, BERNARD M	NAME	Timothy R. Mertz		
STREET ADDRESS	4400 MAIN STREET	STREET ADDRESS	4400 Main Street		
CITY-ST-ZIP	KANSAS CITY, MO 64111	CITY-ST-ZIP	Kansas City, MO 64111		
TITLE	D/P <input type="checkbox"/> Delete	TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	YABUKI, JEFFREY W	NAME	R. Bruce Daise		
STREET ADDRESS	4400 MAIN STREET	STREET ADDRESS	4400 Main Street		
CITY-ST-ZIP	KANSAS CITY, MO 64111	CITY-ST-ZIP	Kansas City, MO 64111		
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PUTNEY, TERRENCE E	NAME	Michael K. Post		
STREET ADDRESS	4400 MAIN STREET	STREET ADDRESS	4400 Main Street		
CITY-ST-ZIP	KANSAS CITY, MO 64111	CITY-ST-ZIP	Kansas City, MO 64111		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHMIDT, BRIAN H	NAME			
STREET ADDRESS	4400 MAIN STREET	STREET ADDRESS			
CITY-ST-ZIP	KANSAS CITY, MO 64111	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLEMAN, MELANIE K	NAME			
STREET ADDRESS	4400 MAIN STREET	STREET ADDRESS			
CITY-ST-ZIP	KANSAS CITY, MO 64111	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: Timothy R. Mertz 4-27-05 816-753-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #