

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000000089	
1. Entity Name FORREST T. JONES & COMPANY, INC.	



Principal Place of Business 3130 BROADWAY KANSAS CITY, MO 64111-2406	Mailing Address P.O. BOX 418131 KANSAS CITY, MO 64141-9131
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1451185	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ASHER-COHEN, KAREN
313 NORTH MONROE STREET, SUITE 200
TALLAHASSEE, FL 32301**

DO NOT WRITE IN THIS SPACE

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 _____
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**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
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**U00000189917
01/24/05-80114-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JONES, RICHARD F 5705 OAKWOOD ROAD SHAWNEE MISSION, KS 662081143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIRKS, N. SUSAN 905 BROADWAY GRAIN VALLEY, MO 64029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARRAR, JOHN D 3873 E. EASTMOOR SPRINGFIELD, MO 658092946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, MICHAEL E 4525 WEST 89TH STREET PRAIRIE VILLAGE, KS 66207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURLEY, MARK L 9507 WEST 121ST TERRACE OVERLAND PARK, KS 662134239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, DAVID J 2210 WEST 120TH STREET LEAWOOD, KS 662091114

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:	Richard F. Jones	1/17/05	816-756-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #