
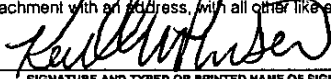


MAIL

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90563 041 ***150.00

DOCUMENT # F04000001574					
1. Entity Name L&P ACQUISITION COMPANY-56					
Principal Place of Business NO. 1 LEGGETT ROAD CARTHAGE, MO 64836			Mailing Address NO. 1 LEGGETT ROAD CARTHAGE, MO 64836		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	04182005 Chg-P CR2E034 (10/03) 4. FEI Number 32-0005563 <input type="checkbox"/> Applied For Not Applicable	
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 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 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	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESONIER, DAVID M		NAME		
STREET ADDRESS	3439 SUNSET DRIVE		STREET ADDRESS		
CITY - ST - ZIP	JOPLIN, MO 64804		CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGLAS, SCOTT S		NAME		
STREET ADDRESS	1218 S. MAPLE		STREET ADDRESS		
CITY - ST - ZIP	CARTHAGE, MO 64836		CITY - ST - ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLANIGAN, MATTHEW C		NAME		
STREET ADDRESS	1309 S. MAIN		STREET ADDRESS		
CITY - ST - ZIP	CARTHAGE, MO 64836		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLASSMAN, KARL G		NAME		
STREET ADDRESS	9732 EARLY LANE		STREET ADDRESS		
CITY - ST - ZIP	CARTHAGE, MO 64836		CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRIFFIN, ROBERT G		NAME	Purser, Kenneth W.	
STREET ADDRESS	6101 HIGHLAND		STREET ADDRESS	No. 1 Leggett Road	
CITY - ST - ZIP	JOPLIN, MO 64804		CITY - ST - ZIP	Carthage, MO 64836	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRONEWALD, AILEEN A		NAME		
STREET ADDRESS	4030 E. 7TH STREET		STREET ADDRESS		
CITY - ST - ZIP	JOPLIN, MO 64801		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: 		Kenneth W. Purser		4/25/05 (417) 358-8131	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Vice President		Date Daytime Phone #	