2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000005133

Entity Name

RUCO EQUIPMENT COMPANY



FILED Feb 26, 2007 08:00 A Secretary of State

Principal Place of Business

C/O JAMES W. BEDSWORTH, SR. 1470 S.E. HAMBLEN ROAD LEE'S SUMMIT, M 64081 Mailing Address

C/O JAMES W. BEDSWORTH, SR. 1470 S.E. HAMBLEN ROAD LEE'S SUMMIT, M 64081



DO NOT WRITE IN THIS SPACE

02012007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purplions of registered agent.	cose of changing its registe	ered office or r	egistered agent, or	both, in the State of Florida.	l am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if ap	plicable. (NOTÉ: Registr	red Agent signature	required when reinstating)	0	ATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTO	ORS	(4) (S)	ing Excluding.	ALL THE SHAPE AND A SHAPE A	134% JUNE 1845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEDSWORTH, JAMES W SR. 15720 WEST 108TH, STE. 100 LENEXA, KS 66219					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REW, RICK J 15720 WEST 108TH, STE. 100 LENEXA, KS 66219			and the second	03/06/01/2009	672082 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPA	3E
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

HONORTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07

913.438.4142