

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006427

1. Entity Name
ZEPHYR MANUFACTURING COMPANY



Principal Place of Business

**200 MITCHELL ROAD
SEDALIA, MO 65301**

Mailing Address

**P.O. BOX 71
SEDALIA, MO 65302-0071**

DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number

44-0517415

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE ACCESS INC.
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000204019
01/29/05-80053-020 158.75

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LINDSTROM, JOHN A
STREET ADDRESS	P.O. BOX 71
CITY-ST-ZIP	SEDALIA, MO 653020071
TITLE	V
NAME	LEERSSEN, R. DOUGLAS
STREET ADDRESS	P.O. BOX 71
CITY-ST-ZIP	SEDALIA, MO 653020071
TITLE	S
NAME	LINDSTROM, PAMELA A
STREET ADDRESS	P.O. BOX 71
CITY-ST-ZIP	SEDALIA, MO 653020071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A LINDSTROM

Date

1/25/05 6608270352

Daytime Phone #