

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90562 003 ***150.00

40073400



04252005 Chg-P CR2E034 (10/03)

4. FEI Number
86-0696909

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEUERS, LAWRENCE H
2590 GOLDEN GATE PARKWAY
SUITE 109
NAPLES, FL 33942

7. Name and Address of New Registered Agent

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 _____
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

10. OFFICERS AND DIRECTORS

TITLE D
NAME GAY, FARRELL C
STREET ADDRESS 1516 WESTLAKE SHORE DRIVE
CITY-ST-ZIP SPRINGFIELD, IL 62707

TITLE STD
NAME SMITH, MICHAEL E
STREET ADDRESS 2120 SOUTH GLENWOOD
CITY-ST-ZIP SPRINGFIELD, IL 62704

TITLE CPD
NAME GUMPERT, FILMORE W
STREET ADDRESS 444 TRILBEY CT
CITY-ST-ZIP NOBLESVILLE, IN 46060

TITLE SVD
NAME GRISWOLD, JIMMY
STREET ADDRESS 66 VIA VERDE
CITY-ST-ZIP WICHITA, KS 67230

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 1612 Cressa Court
CITY-ST-ZIP Springfield, IL 62704

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME Bruce Rubin
STREET ADDRESS 209 New Salem
CITY-ST-ZIP St. Louis, MO 63141

TITLE
NAME
STREET ADDRESS
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: *Michael E. Smith* Michael E. Smith Sec/Treas. 4-25-05 217-786-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #