


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90113 003 ***150.00

DOCUMENT # F99000001404 1. Entity Name E. T. ARCHER CORPORATION	
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Principal Place of Business 3741 NE TROON DRIVE LEES SUMMIT, MO 64064	Mailing Address 3741 NE TROON DRIVE LEES SUMMIT, MO 64064
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DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1451882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

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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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LEE, GARY M 3741 NE TROON DRIVE LEES SUMMIT, MO 64064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, WILLIS L 3741 NE TROON DRIVE LEES SUMMIT, MO 64064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO CHRISTOPHER, STAN A 3741 NE TROON DRIVE LEES SUMMIT, MO 64064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMERMAN, MICHAEL 4019 E. DARDENELLE PL. SPRINGFIELD, MO 65809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALIS, MIKE 4601 W. 65TH PRAIRIE VILLAGE, KS 66208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Gary M. Lee 3/29/05 816-347-1146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #