

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000002493

Entity Name
IRCO SPECIALTY CONSTRUCTION COMPANY



Principal Place of Business
1750 S. BRENTWOOD BLVD., #701
ST. LOUIS, MO 63144

Mailing Address
1750 S. BRENTWOOD BLVD., #701
ST. LOUIS, MO 63144



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
43-1804655

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 _____

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ARNOLDY, RICHARD R
STREET ADDRESS 1750 S. BRENTWOOD BLVD., SUITE 701
CITY-ST-ZIP ST. LOUIS, MO 63144

TITLE VP
NAME ALLEN, DAVID R
STREET ADDRESS 1750 S. BRENTWOOD BLVD., SUITE 701
CITY-ST-ZIP ST. LOUIS, MO 63144

TITLE VTAS
NAME HOLSTE, STEPHEN F
STREET ADDRESS 1750 S. BRENTWOOD BLVD., SUITE 701
CITY-ST-ZIP ST. LOUIS, MO 63144

TITLE S
NAME COOK, JEFFREY L
STREET ADDRESS 1750 S. BRENTWOOD BLVD., SUITE 701
CITY-ST-ZIP ST. LOUIS, MO 63144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000012431
01/26/04-80009-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1-8-04

314-963-0715