


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000006349 1. Entity Name SEMO TANK/BAKER EQUIPMENT COMPANY	
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Principal Place of Business 456 SEMO LANE PERRYVILLE, MO 63775	Mailing Address 456 SEMO LANE PERRYVILLE, MO 63775
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02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-0783188	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent COCHRAN, CHARLES M 6026 S.E. 83RD STREET OCALA, FL 34472
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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, 2007 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	CP BAKER, ROBERT C 13493 LAKEWOOD DRIVE, LOT 290 STE. GENEVIEVE, MO 63670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HONEYCUTT, BILL 910 SHELTON DRIVE CABOOL, MO 65689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCALLISTER, GLENN M 1123 PAWNEE STREET JACKSON, MO 63755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOS, GERALD 10220 N.W. EXECUTIVE HILLS BLVD, STE 1000 KANSAS CITY, MO 64153
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000646007 03/06/07-80013-006 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: *[Signature]* Corp Secretary 2/13/07 573-547-8348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #