
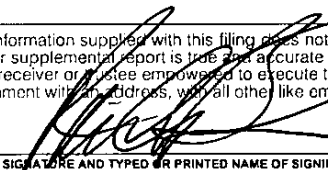


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90033 007 ***150.00

DOCUMENT # F99000006349 1. Entity Name SEMO TANK/BAKER EQUIPMENT COMPANY					
Principal Place of Business 456 SEMO LANE PERRYVILLE, MO 63775			Mailing Address 456 SEMO LANE PERRYVILLE, MO 63775		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 43-0783188	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COCHRAN, CHARLES M 6026 S.E. 83RD STREET OCALA, FL 34472			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	T CHUCK McCoy 3500 William D. TATE AVE. GRAPEVINE, TX 76051	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HONEYCUTT, BILL 910 SHELTON DRIVE CABOOL, MO 65689		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALEX BACHELOR 10220 No. AMBASSADOR DR. STE. 1000 KANSAS CITY, MO 64153	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCALLISTER, GLENN M 1123 PAWNEE STREET JACKSON, MO 63755		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-Sales/REPAIRS DAN WINSCHER 648 PCR 520 PERRYVILLE, MO 63775	
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	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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:  Robert Baker 3/12/08 5735418348 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					