

MAIL

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90254 050 ****50.00

DOCUMENT # M05000005750

1. Entity Name
JAREX, LLCPrincipal Place of Business
NO. 1 LEGGETT ROAD
CARTHAGE, MO 64836Mailing Address
NO. 1 LEGGETT ROAD
CARTHAGE, MO 64836

60047901



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-3316501Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

Filing Fee is \$50.00
Due by May 1, 2007Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	JETT, ERNEST C	
STREET ADDRESS	NO. 1 LEGGETT ROAD	
CITY-ST-ZIP	CARTHAGE, MO 64836	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR / P / S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jett, Ernest C.	
STREET ADDRESS	NO. 1 LEGGETT ROAD	
CITY-ST-ZIP	CARTHAGE MO 64836	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parser, Kenneth W.	
STREET ADDRESS	NO. 1 LEGGETT ROAD	
CITY-ST-ZIP	CARTHAGE MO 64836	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Haffner, David S.	
STREET ADDRESS	NO. 1 LEGGETT ROAD	
CITY-ST-ZIP	CARTHAGE MO 64836	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSSBECK, Sheri L.	
STREET ADDRESS	NO. 1 LEGGETT ROAD	
CITY-ST-ZIP	CARTHAGE MO 64836	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glassman, KATH G	
STREET ADDRESS	NO. 1 LEGGETT ROAD	
CITY-ST-ZIP	CARTHAGE MO 64836	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLANNIGAN, MATTHEW C.	
STREET ADDRESS	NO. 1 LEGGETT ROAD	
CITY-ST-ZIP	CARTHAGE MO 64836	

11. 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 is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Kenneth W. Parser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Kenneth W. Parser, Vice President 4/27/07 417 358-8131

Date

Daytime Phone #