


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90121 009 \*\*\*550.00

<b>DOCUMENT # P01000109124</b> 1. Entity Name LAST RED CENT, INC.	
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Principal Place of Business 4111 DELAWARE AVE DES MOINES, IA 50313	Mailing Address 4111 DELAWARE AVE DES MOINES, IA 50313
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**DO NOT WRITE IN THIS SPACE**



09032004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0551711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT  
7345 BAY STREET  
ST PETERSBURG BEACH, FL 33706

**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.

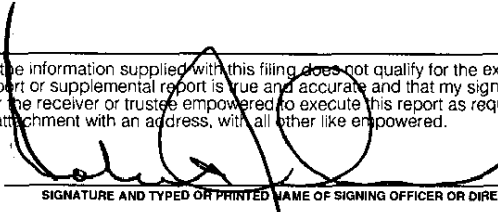
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRENCH, ROD L 1344 BURR OAKS DR W DES MOINES, IA 50266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, ROBERT 1506 PIONEER RD DES MOINES, IA 50320
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**