

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90252 001 ***300.00

DOCUMENT # P07661

1. Entity Name
FFP ADVISORY SERVICES, INC.



Principal Place of Business
15455 CONWAY ROAD, 2ND FL
CHESTERFIELD, MO 63017

Mailing Address
15455 CONWAY ROAD, 2ND FL
CHESTERFIELD, MO 63017

66009130



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

43-0989354

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME JUNKINS, CRAIG A
STREET ADDRESS 15455 CONWAY RD
CITY-ST-ZIP CHESTERFIELD, MO 63017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EVP ☒ Delete
NAME WONG, HENRY L
STREET ADDRESS 15455 CONWAY DR
CITY-ST-ZIP CHESTERFIELD, MO 63017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ELLIOTT, KIMBERLY SHAW
STREET ADDRESS 15455 CONWAY RD
CITY-ST-ZIP CHESTERFIELD, MO 63017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CFOD ☐ Delete
NAME YOUNT, JEFFREY
STREET ADDRESS 15455 CONWAY ROAD
CITY-ST-ZIP CHESTERFIELD, MO 63017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HATTON, ROBERT
STREET ADDRESS 18101 MELROSE RD
CITY-ST-ZIP WILDWOOD, MO 63038

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RODERMUND, ROBIN
STREET ADDRESS 17134 SURREY VIEW DRIVE
CITY-ST-ZIP CHESTERFIELD, MO 63005

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey L. Yount

Date

Daytime Phone #

4/4/05

636-537-1040