


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P11717 1. Entity Name FERRELLGAS, INC.	
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Principal Place of Business ONE LIBERTY PLAZA LIBERTY, MO 64068 US	Mailing Address ONE LIBERTY PLAZA LIBERTY, MO 64068-2971 US
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04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1285864	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**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 _____

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB FERRELL, JAMES E. ONE LIBERTY PLAZA LIBERTY, MO 64068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRELL, JAMES E. ONE LIBERTY PLAZA LIBERTY, MO 64068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERRELL, JAMES ONE LIBERTY PLAZA LIBERTY, MO 64068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BROWN, CATHY S 1 LIBERTY PLAZA LIBERTY, MO 64068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANWINLKE, JAMES R ONE LIBERTY PLAZA LIBERTY, MO 64068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000348464
05/02/05-80024-022 150.00

**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)(f), 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: Cathy S. Brown Cathy S. Brown 4-25-05 812-712-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #