


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P33606 1. Entity Name FORREST T. JONES CONSULTING COMPANY |  |
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| Principal Place of Business 3130 BROADWAY KANSAS CITY, MO 64111-2452 US | Mailing Address PO BOX 418131 KANSAS CITY, MO 64141-9131 |
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> 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

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| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 |
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**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 refiling) 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

U00000189913
01/24/05-80114-019 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD JONES, RICHARD F. 5705 OAKWOOD ROAD MISSION HILLS, KS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BURLEY, MARK L. 9507 W 121 TERR SHAWNEE MISSION, KS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KIRKS, N. SUSAN 905 BROADWAY GRAIN VALLEY, MO 64029 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASC HOBBS, WILLIAM R 13005 WINDSOR CIRCLE LEAWOOD, KS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FARRAR, JOHN D. 3873 EASTMOOR SPRINGFIELD, MO 65809 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HALL, MICHAEL E. 4525 W. 89TH STREET PRARIE VILLAGE, KS 66207 |

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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:  **Richard F. Jones** **1/17/05** **816-756-1060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #