

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P36246**

1. Entity Name

FARMLAND HYDRO, INC.



Principal Place of Business

12200 N AMBASSADOR DR  
DEPT 54  
KANSAS CITY MO 64163-1244  
US

Mailing Address

100 NORTH TAMPA STREET  
SUITE 3200  
TAMPA FL 33602  
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

43-1589264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME HONSE, ROBERT W  
STREET ADDRESS 12200 N AMBASSADOR DR  
CITY-ST-ZIP KANSAS CITY MO 64163

TITLE ☐ Delete  
NAME VSTD  
NAME TERRY, ROBERT B  
STREET ADDRESS 12200 N AMBASSADOR DR  
CITY-ST-ZIP KANSAS CITY MO 64163

TITLE ☐ Delete  
NAME D  
NAME WALLACE, KEN  
STREET ADDRESS 100 N TAMPA ST #3200  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Delete  
NAME C  
NAME RIEMANN, STANLEY A  
STREET ADDRESS 12200 N AMBASSADOR DR  
CITY-ST-ZIP KANSAS CITY MO 64163

TITLE ☐ Delete  
NAME DP  
NAME GALE, JACK  
STREET ADDRESS 100 N TAMPA ST, SUITE 3200  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Delete  
NAME ATAS  
NAME BURNS, LEESA M  
STREET ADDRESS 100 N TAMPA ST #3200  
CITY-ST-ZIP TAMPA FL 33602

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U000000745440  
05/16/07-80029-011 150.00

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

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

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

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

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 exemptions contained in Section 119, 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:

*Leesa M. Burns*

Leesa M. Burns, Asst. Treasurer

813-222-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #