2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90241 036 ***150.00

DOCUMENT # P36246

1. Entity Name

FARMLAND HYDRO, INC.

Principal Place of Business	Mailing Address
12200 N AMBASSADOR DR DEPT 54 KANSAS CITY MO 64163-1244 US	100 NORTH TAMPA STREET SUITE 3200 TAMPA FL 33602 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
100 N. Tampa St.	
Suite, Apt. #, etc.: Suite 3200	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33602 Country	Zip Country

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HONSE, ROBERT W 12200 N AMBASSADOR DR KANSAS CITY MO 64163	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD TERRY, ROBERT B 12200 N AMBASSADOR DR KANSAS CITY MO 64163	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S/T ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, KEN 100 N TAMPA ST #3200 TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C RIEMANN, STANLEY A 12200 N AMBASSADOR DR KANSAS CITY MO 64163	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GALE, JACK 100 N TAMPA ST, SUITE 3200 TAMPA FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Valesares, Pete 100 N. Tampa St., Suite 3200 Tampa, FL 33602 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATAS BURNS, LEESA M 100 N TAMPA ST #3200 TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Steve Rodgers 100 N. Tampa St., Suite 3200 Tampa, FL 33602 ☐ Change ☒ Addition

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 3/26/08 813-222-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #