


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000041586 1. Entity Name SPORTSMAN PARK DEVELOPMENT COMPANY	
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Principal Place of Business 2500 E. KEARNEY ST. SPRINGFIELD, MO 65898	Mailing Address 2500 E. KEARNEY ST. SPRINGFIELD, MO 65898
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0626971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MASTRIANA, F. RONALD 1500 N. FEDERAL HWY. SUITE 200 FT. LAUDERDALE, FL 33304
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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 reinstalling) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000184652 01/20/05-80034-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HENRY, SUSIE 2500 E. KEARNEY ST. SPRINGFIELD, MO 65898
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MILLER, TONI 2500 E. KEARNEY ST. SPRINGFIELD, MO 65898
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GREENE, JOE C 1340 E. WOODHURST SPRINGFIELD, MO 65804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Toni M. Miller **Toni M. Miller** 1-18-05 417-873-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #