


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90016 040 ***150.00

DOCUMENT # P95000041586 1. Entity Name SPORTSMAN PARK DEVELOPMENT COMPANY					
Principal Place of Business 2500 E. KEARNEY ST. SPRINGFIELD, MO 65898			Mailing Address 2500 E. KEARNEY ST. SPRINGFIELD, MO 65898		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0626971	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MASTRIANA, F. RONALD 1500 N. FEDERAL HWY. SUITE 200 FT. LAUDERDALE, FL 33304			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP HENRY, SUSIE <input checked="" type="checkbox"/> Delete 2500 E. KEARNEY ST. SPRINGFIELD, MO 65898		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres Jim Hagale</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2500 E. Kearney Springfield Mo. 65898	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, TONI <input type="checkbox"/> Delete 2500 E. KEARNEY ST. SPRINGFIELD, MO 65898		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENE, JOE C <input checked="" type="checkbox"/> Delete 1340 E. WOODHURST SPRINGFIELD, MO 65804		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Toni M. Miller</i> 2-28-07 417 873-5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date Daytime Phone #</small>					