

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000101711

Entity Name: MISSOURI FARMS, INC.

FILED  
Jan 12, 2006  
Secretary of State

## Current Principal Place of Business:

1603 ALEXANDER CROSSING WAY  
SUN CITY CENTER, FL 33573

## New Principal Place of Business:

## Current Mailing Address:

1603 ALEXANDER CROSSING WAY  
SUN CITY CENTER, FL 33573

## New Mailing Address:

FEI Number: 59-3431989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLAUGHTER, CAROL J  
1603 ALEXANDER CROSSING WAY  
SUN CITY CENTER, FL 33573 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SLAUGHTER, MARK D  
Address: 1220 RIDGE ROAD  
City-St-Zip: COLUMBIA, MO 65203 US

Title: D ( ) Delete  
Name: CHESTNUT, AMY E  
Address: 852 35TH AVE N  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: ST ( ) Delete  
Name: SLAUGHTER, CAROL J  
Address: 1603 ALEXANDER CROSSING WAY  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LEWIS, AMY E  
Address: 852 35TH AVE N  
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: OFF. ( ) Change (X) Addition  
Name: BILLIE BOB, SLAUGHTER OFFICER  
Address: 1603 ALEXANDER CROSSING WAY  
City-St-Zip: SUN CITY CENTER, FL 33573 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. BILLIE BOB SLAUGHTER

OFF

01/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date