

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000014154

1. Entity Name
MISSOURI TRADING COMPANY



Principal Place of Business

**7684 NOB HILL ROAD
SUITE 251
TAMARAC, FL 33321 US**

Mailing Address

**7684 NOB HILL ROAD
SUITE 251
TAMARAC, FL 33321 US**

DO NOT WRITE IN THIS SPACE



04042004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0831785

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, ROBERT T
7684 NOB HILL ROAD, SUITE 251
TAMARAC, FL 33321**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000106625
04/08/04-80023-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ANDERSON, ROBERT T.
STREET ADDRESS	7684 NOB HILL ROAD, STE 251
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	P
NAME	JOHNSON, KATHLEEN
STREET ADDRESS	8018 NW 100 WAY
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	T
NAME	LUNDGREN, RICHARD G
STREET ADDRESS	12430-140 TESSON FERRY ROAD
CITY-ST-ZIP	SAINT LOUIS, MO 63128
TITLE	S
NAME	BARLOW, JAMES
STREET ADDRESS	111 WEST PORT PLAZA, #904
CITY-ST-ZIP	SAINT LOUIS, MO 63141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 5 2004 954 7204 366