


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000005571</b>	
1. Entity Name STATES RESOURCES CORP.	

Principal Place of Business 4848 S. 131ST OMAHA, NE 68137	Mailing Address 4848 S. 131ST OMAHA, NE 68137
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  STRAUGHN, RICHARD E 255 MAGNOLIA AVENUE SW WINTER HAVEN, FL 33880	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARTZATT, DOUG 11001 ASPEN CANYON LINCOLN, NE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST OBER, MARCIA 1809 COLE CREEK DR. OMAHA, NE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD VARDAMAN, RANDAL PO BOX 588 MOUNT AYR, IA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DOUGLAS, GLEN 6025 SOUTH 42ND LINCOLN, NE 68516
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**DO NOT WRITE  
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.

<b>SIGNATURE:</b> 	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>