


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P39328

1. Entity Name
FARRIS ENGINEERING INC.



Principal Place of Business 11239 CHICAGO CIRCLE OMAHA, NE 68154	Mailing Address 11239 CHICAGO CIRCLE OMAHA, NE 68154
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DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 47-0742107	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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 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

U00000114395
 04/15/04-80048-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LODES, ROBERT L. 11239 CHICAGO CIRCLE OMAHA, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KRONAIZL, GREGORY T. 11239 CHICAGO CIRCLE OMAHA, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCHREIER, PHILIP M. 11239 CHICAGO CIRCLE OMAHA, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERKOLK, KEVIN 11239 CHICAGO CIRCLE OMAHA, NE 68154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBL, LYLE W 11239 CHICAGO CIRCLE OMAHA, NE 68154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASLEY, JERROLD C 11239 CHICAGO CIRCLE OMAHA, NE 68154

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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:  **Robert L. Lodes** **04/08/04** **(402)330-5900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #