

Robin Carnahan Secretary of State
2009 ANNUAL REGISTRATION REPORT
BUSINESS

File Number: 200908390305
00304387
Date Filed: 03/24/2009
Robin Carnahan
Secretary of State

REPORT DUE BY: 04/30/2009

ANNUAL REPORT MONTH:
January

00304387
OAKBRIER WATER COMPANY
Holden, Stephen W
718 W. Bus. Hwy. 60 P. O. Box 633
Dexter, MO 63841

1 PRINCIPAL PLACE OF BUSINESS OR
CORPORATE HEADQUARTERS:
406 South Allen (Required)
STREET
Bernie, MO 63822
CITY/STATE ZIP

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.
☐ The new registered agent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW
REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.
☐ The new registered office address
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3 OFFICERS
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT
ACCEPTABLE). (MUST LIST PRESIDENT AND SECRETARY BELOW) A
PRES Rodger Owens (Required)
STREET/RT 406 South Allen
CITY/STATE/ZIP Bernie, MO 63822
V-PRES
STREET/RT
CITY/STATE/ZIP
SECY LaDawn Owens (Required)
STREET/RT 406 South Allen
CITY/STATE/ZIP Bernie, MO 63822
TREAS
STREET/RT
CITY/STATE/ZIP

BOARD OF DIRECTORS
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT
ACCEPTABLE). (MUST LIST AT LEAST ONE DIRECTOR BELOW) B
NAME Rodger Owens (Required)
STREET/RT 406 South Allen
CITY/STATE/ZIP Bernie, MO 63822
NAME LaDawn Owens
STREET/RT 406 South Allen
CITY/STATE/ZIP Bernie, MO 63822
NAME
STREET/RT
CITY/STATE/ZIP
NAME
STREET/RT
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false
declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here

Rodger Owens

(Required)

Please print name and title of signer:

Rodger Owens

President

NAME

TITLE

REGISTRATION REPORT FEE IS:

- ___ \$20.00 If filed on or before 4/30
- ___ \$35.00 If filed on or before 5/31
- ___ \$50.00 If filed on or before 6/30
- ___ \$65.00 If filed on or before 7/31

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE,
BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL
INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL)

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102

Exhibit "D"