

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90067 004 ***150.00

DOCUMENT # F02000000235 1. Entity Name QUALSERV CORPORATION						
Principal Place of Business 1222 OZARK STREET NORTH KANSAS CITY, MO 64116-4314			Mailing Address 1222 OZARK STREET NORTH KANSAS CITY, MO 64116-4314			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	01202006 Chg-P CR2E034 (11/05)		
4. FEI Number 57-0511623				Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, DAVID 1222 OZARK STREET NORTH KANSAS CITY, MO 64116	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Ron Elmquest 1222 Ozark Street N. Kansas City MO. 64116	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR NELSON, DAVID 1222 OZARK STREET NORTH KANSAS CITY, MO 641164314	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Harold Tynes 1222 Ozark Street N. Kansas City MO. 64116	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary William C. Connell 1222 Ozark Street N. Kansas City Mo.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #						