


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90086 034 ***150.00

DOCUMENT # F03000004701

1. Entity Name
MAXAM CONSTRUCTION COMPANY, INC.



Principal Place of Business
**8010 STATE LINE ROAD, SUITE 160
 LEAWOOD, KS 66208**

Mailing Address
**8010 STATE LINE ROAD, SUITE 160
 LEAWOOD, KS 66208**



2. Principal Place of Business
22220 Canterbury
 Suite, Apt. #, etc.

3. Mailing Address
22220 Canterbury
 Suite, Apt. #, etc.

04242005 Chg-P CR2E034 (10/03)

City & State
Bucyrus, KS

City & State
Bucyrus, KS

Zip Country
66013 USA

Zip Country
66013 USA

4. FEI Number
43-1841760

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PC SCHAROSCH, MARK 22220 CANTERBURY ROAD BUCYRUS, KS 66013 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VC STOKES, RICHARD 8507 NW WINTER AVENUE KANSAS CITY, MO 64153 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT SCHAROSCH, KELLEY 22220 CANTERBURY ROAD NUCYRUS, KS 66013 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS STOKES, ANNA 8507 NW WINTER AVENUE, KANSAS CITY, MO 64153 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 36 Gulf Blvd Placida, FL 33946 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 36 Gulf Blvd Placida, FL 33946 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Kelley A. Scharosch **4/25/05** **913-947-3322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kelley A. Scharosch