

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005869

FILED
Mar 29, 2004
Secretary of State

Entity Name: WINTERS THEATRE CLEANING COMPANY

Current Principal Place of Business:

27 G
LEE'S SUMMIT, MO 64086

New Principal Place of Business:

10300 HOWE LANE
LEAWOOD, KS 66206

Current Mailing Address:

27 G
LEE'S SUMMIT, MO 64086

New Mailing Address:

10300 HOWE LANE
LEAWOOD, KS 66206

FEI Number: 48-1183001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WINTERS, ROBERT
Address: 27 G
City-St-Zip: LEE'S SUMMIT, MO 64086

Title: DT () Delete
Name: WINTERS, SHEILA
Address: 27 G
City-St-Zip: LEE'S SUMMIT, MO 64086

Title: P () Delete
Name: WINTERS, CAROL
Address: 27 G
City-St-Zip: LEE'S SUMMIT, MO 64086

Title: VPS () Delete
Name: ARENSBERG, MARK
Address: 8000 FOSTER ST
City-St-Zip: OVERLAND PARK, KS 66204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK W. ARENSBERG

VICE

03/29/2004

Electronic Signature of Signing Officer or Director

_____ Date