


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 831528</b> 1. Entity Name <b>CUTLER REPAVING, INC.</b>	
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Principal Place of Business <b>921 E. 27TH ST. LAWRENCE, KS 66046 US</b>	Mailing Address <b>921 E. 27TH ST. LAWRENCE, KS 66046 US</b>
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**DO NOT WRITE IN THIS SPACE**



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>36-2580340</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VESKERN, CHARLES R. 921 E 27TH ST LAWRENCE, KS 00000, 66046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUTLER, DOUGLAS E 921 E 27TH ST LAWRENCE, KS 00000, 66046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COFFMAN, JUDITH K 921 E 27TH ST LAWRENCE, KS 00000, 66046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RATHBUN, JOHN R. 921 E 27TH ST LAWRENCE, KS 00000, 66046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILES, JOHN 921 E 27TH ST. LAWRENCE, KS 66046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/12/04-80008-004 150.00

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: <u>Judith K. Coffman, Judith K. COFFMAN, SEC/TREAS.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3-09-04</u> <small>Date</small>	Citytime Phone # <u>785-843-1524</u> <small>Citytime Phone #</small>
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