2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 845533

Entity Name
WKINGDON, INC.

Principal Place of Business	Mailing Address
RIVERVIEW BOX 1094 ITA, KS 67201	345 RIVERVIEW P.O. BOX 1094 WICHITA, KS 67201

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-0757137

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SYSTEM
S. PINE ISLAND ROAD
NTATION, FL 33324

DO NOT WRITE 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 _____
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

U00000397424
01/30/06-80046-016 150.00

OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, DENNIS D
STREET ADDRESS	345 RIVERVIEW
CITY-ST-ZIP	WICHITA, KS
TITLE	VTD
NAME	JABARA, HASSAN H.
STREET ADDRESS	345 RIVERVIEW
CITY-ST-ZIP	WICHITA, KS
TITLE	CD
NAME	KERSCHEN, RICHARD M.
STREET ADDRESS	345 RIVERVIEW
CITY-ST-ZIP	WICHITA, KS
TITLE	V
NAME	BROWN, ROGER
STREET ADDRESS	345 RIVERVIEW
CITY-ST-ZIP	WICHITA, KS
TITLE	S
NAME	HARMS, CONNIE J
STREET ADDRESS	345 RIVERVIEW
CITY-ST-ZIP	WICHITA, KS
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Connie J. Harms (Connie J. Harms) 1/10/06 316-268-0230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #