

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001140

Entity Name: MAC FLO-TRONICS, INC.

FILED  
Mar 23, 2007  
Secretary of State

## Current Principal Place of Business:

7901 NW 107TH TERRACE  
KANSAS CITY, MO 64153

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 205  
SABETHA, KS 66534

## New Mailing Address:

FEI Number: 48-0760430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 EAST PARK AVE.  
TALLAHASSEE, FL 32301 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: PD ( ) Delete  
Name: CAVEY, GARY  
Address: 7901 NW 107TH TERRACE  
City-St-Zip: KANSAS CITY, MO 64153

Title: CD ( ) Delete  
Name: FREITAG, SAMUEL C  
Address: 2804 WEST 112TH STR  
City-St-Zip: LEAWOOD, KS 66211

Title: V ( ) Delete  
Name: STALLBAUMER, JOE  
Address: 7901 NW 107TH TERRACE  
City-St-Zip: KANSAS CITY, MO 64153

Title: D ( ) Delete  
Name: THOMAS, WILLIAM D  
Address: 11780 CANTERBURY  
City-St-Zip: LEAWOOD, KS 66211

Title: D (X) Delete  
Name: WELSH, WILLIAM II  
Address: 11208 JOHN GALT BLVD  
City-St-Zip: OMAHA, NE 68137

Title: D (X) Delete  
Name: HOEHN, ROBERT A  
Address: 11436 HIGH DRIVE  
City-St-Zip: LEAWOOD, KS 66211

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: STEWART, ALEX  
Address: 7901 NW 107TH TERRACE  
City-St-Zip: KANSAS CITY, MO 64153

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

Title: CC (X) Change ( ) Addition  
Name: MONTGOMERY, MARTHA  
Address: 2793 U ROAD  
City-St-Zip: SABETHA, KS 66534

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 Chapter 119, 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: MARTHA MONTGOMERY

CC

03/23/2007

Electronic Signature of Signing Officer or Director

Date