

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000000721**

1. Entity Name  
**CARDINAL BRANDS, INC.**



Principal Place of Business

643 MASSACHUSETTS  
STE 200  
LAWRENCE, KS 66044

Mailing Address

643 MASSACHUSETTS  
STE 200  
LAWRENCE, KS 66044



04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**48-0971237**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000154609  
05/05/04-80004-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BAUMAN, L. JOSEPH
STREET ADDRESS	643 MASSACHUSETTS STE 200
CITY-ST-ZIP	LAWRENCE, KS 66044
TITLE	PSTD
NAME	OLSON, RODNEY E
STREET ADDRESS	643 MASSACHUSETTS STE 200
CITY-ST-ZIP	LAWRENCE, KS 66044
TITLE	V
NAME	JONES, PHILIP D
STREET ADDRESS	643 MASSACHUSETTS STE 200
CITY-ST-ZIP	LAWRENCE, KS 66044
TITLE	VAS
NAME	WISCHNACK, PAULA C
STREET ADDRESS	643 MASSACHUSETTS STE 200
CITY-ST-ZIP	LAWRENCE, KS 66044
TITLE	V
NAME	BOWES, WILLIAM
STREET ADDRESS	108 SUMNER COURT
CITY-ST-ZIP	GEORGETOWN, KY 40324
TITLE	V
NAME	HATFIELD, QUENTIN
STREET ADDRESS	1100 STAFFORD STREET
CITY-ST-ZIP	WASHINGTON, MO 63090

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Paula C. Wischnack* Paula C. Wischnack 4/22/04 785-344-1400