

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

V-1681 FILED 25
May 01, 2006 08:00 AM
1110, Secretary of State
RB 4-21-06

DOCUMENT # F02000002082	
1. Entity Name PARK UNIVERSITY ENTERPRISES, INC.	

Principal Place of Business 9757 METCALF AVE. OVERLAND PARK, KS 66212	Mailing Address 9757 METCALF AVE. OVERLAND PARK, KS 66212
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04212006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1830400	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

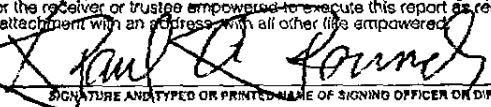
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000549330
05/13/06-80016-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERSHEY, ROGER W 8700 N.W. RIVER PARK DRIVE PARKVILLE, MO 641524358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BYERS-PEVITS, BEVERLY 8700 N.W. RIVER PARK DRIVE PARKVILLE, MO 641524358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATKINS, DORLA D 8700 N.W. RIVER PARK DRIVE PARKVILLE, MO 641524358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PEARSON, TERESA 8700 N.W. RIVER PARK DRIVE PARKVILLE, MO 641524358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO HAYS, MICHAEL B 9757 METCALF AVE. OVERLAND PARK, KS 66212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROUNDS, PAUL A 9757 METCALF AVE. OVERLAND PARK, KS 66212

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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 617, 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 files empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 913-967-8599
Date Daytime Phone