


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F02000004416 1. Entity Name QC FINANCIAL SERVICES, INC. |  |
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|---|---|
| Principal Place of Business 2812 W. 47TH ST KANSAS CITY, KS 66103 | Mailing Address 2812 W. 47TH ST KANSAS CITY, KS 66103 |
|---|---|



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 43-1326315 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, 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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EARLY, DON 2812 W 47TH AVE KANSAS CITY, KS 66103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS ANDERSON, MARY LOU 2812 W 47TH AVE KANSAS CITY, KS 66103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD SMITH, GREGORY L 2812 W 47TH AVE KANSAS CITY, KS 66103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO ANDERSEN, DARRIN 2812 W 47TH AVE KANSAS CITY, KS 66103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/12/05-80035-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

President

Date

1/10/05 913-439-1100
Daytime Phone #