


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000000319 1. Entity Name WEIGAND-OMEGA MANAGEMENT, INC.	
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Principal Place of Business 333 S BROADWAY STE. 105 WICHITA, KS 67202	Mailing Address 333 S BROADWAY STE. 105 WICHITA, KS 67202
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 48-1151334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HANSON, ROBERT C 333 S BROADWAY STE. 105 WICHITA, KS 67202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WEIGAND, NESTOR R JR 150 N MARKET WICHITA, KS 67202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, CHRISTOPHER R 333 S BROADWAY STE. 105 WICHITA, KS 67202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HANSON, CRAIG D 333 S BROADWAY STE. 105 WICHITA, KS 67202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HANSON, BONNIE L 333 S BROADWAY STE. 105 WICHITA, KS 67202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/27/04-80026-008 150.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-22-04 <small>Date</small>	316-263-2215 <small>Daytime Phone #</small>
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