

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F03000000599

1. Entity Name
SHEPLERS, INC.



Principal Place of Business
**6501 W. KELLOGG
WICHITA, KS 67209**

Mailing Address
**6501 W. KELLOGG
WICHITA, KS 67209**



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-0839456

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**

**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

10. OFFICERS AND DIRECTORS

TITLE	CEVP
NAME	MOSLEY, JOHN T
STREET ADDRESS	6501 W. KELLOGG
CITY - ST - ZIP	WICHITA, KS 67209
TITLE	DP
NAME	ANOP, MIKE
STREET ADDRESS	6501 W. KELLOGG
CITY - ST - ZIP	WICHITA, KS 67209
TITLE	D
NAME	JABARA, FRAN
STREET ADDRESS	6501 W. KELLOGG
CITY - ST - ZIP	WICHITA, KS 67209
TITLE	S
NAME	MOSLEY, JOHN T
STREET ADDRESS	6501 W. KELLOGG
CITY - ST - ZIP	WICHITA, KS 67209
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/03/04-80215-004 150.00

**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)(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

Date

Daytime Phone #

4/30/04

316-946-3838