


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000000902		
1. Entity Name INLAND ASSOCIATES, INC.		
Principal Place of Business 15021 W. 117TH ST. OLATHE, KS 66051-0940	Mailing Address 15021 W. 117TH ST. OLATHE, KS 66051-0940	



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1141351	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

BACKLOFF, VIRGINIA L
3724 MAYO CIR. DR.
ORMOND BEACH, FL 32174-2853

**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 reinstalling) 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	CS MEADER, CRAIG 2051 HWY 31 NE WAVERLY, KS 668710940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV MEADER, PEGGY 2051 HWY 31 NE WAVERLY, KS 66871
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOYD, CHARLES 5806 W. 125TH ST. OVERLAND PARK, KS 662093716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

03/03/05-80020-017 150.00

**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: Charles A. Floyd Charles Floyd 2-28-05 9137647977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #