

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000004092

1. Entity Name
B-G MAINTENANCE MANAGEMENT OF COLORADO, INC.



Principal Place of Business
1225 E. 18TH STREET
KANSAS CITY, MO 64108

Mailing Address
1225 E. 18TH STREET
KANSAS CITY, MO 64108



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1263726

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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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, 2006 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
CSD
BAKER, RONALD
STREET ADDRESS
1225 E 18TH ST
CITY-ST- ZIP
KANSAS CITY, MO 64108

TITLE
NAME
PD
GOLDSMITH, RONALD
STREET ADDRESS
1225 E 18TH ST
CITY-ST- ZIP
KANSAS CITY, MO 64108

TITLE
NAME
AS
LEVY, ROBERT C
STREET ADDRESS
911 MAIN ST., SUITE 2800
CITY-ST- ZIP
KANSAS CITY, MO 64105

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

000000400299
02/01/06-80047-014 150.00

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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 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: Ronald Goldsmith, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

816-421-8088

Daytime Phone #