

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F06000001570

1. Entity Name  
SE ASSOCIATES, INC.



Principal Place of Business  
1000 WALNUT SUITE 1570  
KANSAS CITY, MO 64106

Mailing Address  
1000 WALNUT SUITE 1570  
KANSAS CITY, MO 64106



04262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-1063245

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

INCRP SERVICES INC  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BRIGHT, KERMIT D
STREET ADDRESS	1000 WALNUT SUITE 1570
CITY - ST - ZIP	KANSAS CITY, MO 64106
TITLE	DVP
NAME	JONES, RALPH C
STREET ADDRESS	1000 WALNUT SUITE 1570
CITY - ST - ZIP	KANSAS CITY, MO 64106
TITLE	S
NAME	GIPPLE, G KELLEY
STREET ADDRESS	1000 WALNUT SUITE 1570
CITY - ST - ZIP	KANSAS CITY, MO 64106
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Date

816-421-1042

Daytime Phone #