

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000003251

1. Entity Name  
ARROWHEAD CONTRACTING SERVICES, INC.



Principal Place of Business

10981 EICHER DR  
LENEXA, KS 66219

Mailing Address

10981 EICHER DR  
LENEXA, KS 66219

**FILED**  
**Aug 11, 2008 08:00 AM**  
**Secretary of State**



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
48-1085160

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KOUTELAS, W. CURT
STREET ADDRESS	10981 EICHER DR
CITY-ST-ZIP	LENEXA, KS 66219
TITLE	V
NAME	KROUTCH, G. BRYANT
STREET ADDRESS	10981 EICHER DR
CITY-ST-ZIP	LENEXA, KS 66219
TITLE	V
NAME	WALLACE, GREG
STREET ADDRESS	10981 EICHER DR
CITY-ST-ZIP	LENEXA, KS 66219
TITLE	V
NAME	ENGLEY, STEVE
STREET ADDRESS	10981 EICHER DR
CITY-ST-ZIP	LENEXA, KS 66219
TITLE	S
NAME	KROUTCH, G BRYANT
STREET ADDRESS	10981 EICHER DR
CITY-ST-ZIP	LENEXA, KS 66219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000357578  
08/11/08-80006-010 158.75

**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

Date

Daytime Phone #

7/5/08 913 814 944