## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # F06000005780**

1. Entity Name

Principal Place of Business

LAWRENCE, KS 66046

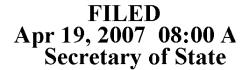
2151 HASKELL AVE., BLDG. 1

**HUXTABLE & ASSOCIATES, INC.** 



Mailing Address

2151 HASKELL AVE., BLDG, 1 LAWRENCE, KS 66046





03102007

No Chg-P

CR2E034 (11/05)

4. FEI Number 48-0720830

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD.

## DO NOT WRITE

PLANTATION, FL 33324			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	fice or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	I applicable. (NOTE: Registered Ager	nt signetur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 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			* * *,	Constitution of the consti
NAME STREET ADDRESS CITY-SY-ZIP	PD BELCHER, BRUCE G. 1708 TROON LANE LAWRENCE, KS 66047		<b>.</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COOK, FRED 5812 LONGVIEW ST. SHAWNEE, KS 66218				000000716993 04/30/07-80030-012 150.0
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D BELCHER, SMITTY G. 2000 PALMER CT LAWRENCE, KS 66047			DO	NOT WRITE

IN THIS SPACE

TITLE BELCHER, MICHAEL A. NAME STREET ADDRESS 716 NE LAKE POINT DR. CITY-ST-7IP LEE'S SUMMIT, MD 64064

12. Thereby certify that the information supplied with this filling 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

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

BRANDON, CHARLES G.

GATHEN, JAMES R.

DESTIN, FL 32541

OVERLAND PARK, KS 66221

13902 BOND

88 MARK ST.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR