

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # F06000005780

1. Entity Name
HUXTABLE & ASSOCIATES, INC.



Principal Place of Business
**2151 HASKELL AVE., BLDG. 1
LAWRENCE, KS 66046**

Mailing Address
**2151 HASKELL AVE., BLDG. 1
LAWRENCE, KS 66046**



03102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-0720830	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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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
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	PD
NAME	BELCHER, BRUCE G.
STREET ADDRESS	1708 TROON LANE
CITY-ST-ZIP	LAWRENCE, KS 66047

TITLE	ST
NAME	COOK, FRED
STREET ADDRESS	5812 LONGVIEW ST.
CITY-ST-ZIP	SHAWNEE, KS 66218

TITLE	D
NAME	BELCHER, SMITTY G.
STREET ADDRESS	2000 PALMER CT
CITY-ST-ZIP	LAWRENCE, KS 66047

TITLE	D
NAME	BRANDON, CHARLES G.
STREET ADDRESS	13902 BOND
CITY-ST-ZIP	OVERLAND PARK, KS 66221

TITLE	D
NAME	GATHEN, JAMES R.
STREET ADDRESS	88 MARK ST.
CITY-ST-ZIP	DESTIN, FL 32541

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

**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:

Fred Cook *Fred Cook*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07
Date

913-529-5300
Daytime Phone #