

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2008 08:00 AM
Secretary of State**

DOCUMENT # F07000000833



1. Entity Name

SUNWAY CONSTRUCTION SERVICES I, INC.

Principal Place of Business

**10985 CODY ST SUITE 220
OVERLAND PARK, KS 66210**

Mailing Address

**10985 CODY ST SUITE 220
OVERLAND PARK, KS 66210**



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5271622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEMS
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000825507
02/21/08-80011-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
CULBERTSON, DONALD E
10985 CODY ST SUITE 220
OVERLAND PARK, KS 66210**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
LUND, TOM
10985 CODY ST SUITE 220
OVERLAND PARK, KS 66210**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
SMITH, LINDA L
10985 CODY ST SUITE 220
OVERLAND PARK, KS 66210**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Linda L. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-8-08

Daytime Phone #

913-845-2111