

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000000063

1. Entity Name
KC GYPSUM, INC.



Principal Place of Business

15720 W 108TH
SUITE 100
LENXA, KS 66219 US

Mailing Address

15720 W 108TH
SUITE 100
LENXA, KS 66219 US



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-0390254

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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	PCEO
NAME	BEDSWORTH, JAMES
STREET ADDRESS	15720 W. 108TH STREET
CITY-ST-ZIP	LENEXA, KS
TITLE	VST
NAME	REW, RICK J
STREET ADDRESS	15720 W. 108TH STREET
CITY-ST-ZIP	LENEXA, KS
TITLE	CFO
NAME	JAMES BEDSWORTH JR
STREET ADDRESS	15720 W 108TH STREET #100
CITY-ST-ZIP	LENEXA, KS
TITLE	VA
NAME	BUTTS, JEFF
STREET ADDRESS	15720 W 108TH STREET #100
CITY-ST-ZIP	LENEXA, KS
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 bill of sale, or otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #