

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000000478

1. Entity Name  
THE PROVO GROUP, INC.



Principal Place of Business

1100 MAIN  
SUITE 1830  
KANSAS CITY, MO 64105 US

Mailing Address

1100 MAIN  
SUITE 1830  
KANSAS CITY, MO 64105 US

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-3359416**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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  
NAME  
PD  
PROVO, BRUCE A  
STREET ADDRESS  
8812 LINDEN DRIVE  
CITY-ST-ZIP  
PRAIRIE VILLAGE, KS 66207

TITLE  
NAME  
DV  
GOLDING, JAMES L  
STREET ADDRESS  
999 N. LAKESHORE DRIVE  
CITY-ST-ZIP  
CHICAGO, IL 60611

TITLE  
NAME  
VSD  
PROVO, CAROLINE E  
STREET ADDRESS  
8812 LINDEN DRIVE  
CITY-ST-ZIP  
PRAIRIE VILLAGE, KS 66207

TITLE  
NAME  
T  
WILKERSON, WALLACE R  
STREET ADDRESS  
15723 CORDELL RD  
CITY-ST-ZIP  
KEARNEY, MO 64060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000954616  
07/14/08-80005-021 150.00

**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

*Bruce A. Provo*

7/14/08

Date

816-421-7444

Daytime Phone #