

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90016 019 \*\*\*150.00

**DOCUMENT # F97000005620**

1. Entity Name

**DONDLINGER & SONS CONSTRUCTION CO., INC.**



Principal Place of Business

P.O. BOX 398  
WICHITA KS 67201-0398

Mailing Address

P.O. BOX 398  
WICHITA KS 67201-0398

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**48-0601790**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DONDLINGER, THOMAS E  
STREET ADDRESS 817 LINDEN CT  
CITY-ST-ZIP WICHITA KS 67206

TITLE VD ☐ Delete  
NAME DONDLINGER, PAUL J  
STREET ADDRESS 13824 PINNACLE  
CITY-ST-ZIP WICHITA KS 67230

TITLE ST ☐ Delete  
NAME PHILLIPS, GREGORY D  
STREET ADDRESS 1914 WHITE OAK  
CITY-ST-ZIP WICHITA KS 67207

TITLE VD ☐ Delete  
NAME DONDLINGER, JAMES N  
STREET ADDRESS 8638 SW LOST LAKE RD  
CITY-ST-ZIP ANDOVER KS 67002

TITLE VD ☐ Delete  
NAME DONDLINGER JR, MARTIN C  
STREET ADDRESS 1116 N DOREEN  
CITY-ST-ZIP WICHITA KS 67206

TITLE AST ☒ Delete  
NAME EVANS, ERMA  
STREET ADDRESS 532 S. GREENWOOD  
CITY-ST-ZIP WICHITA KS 67211

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Gregory D. Phillips* **GREGORY D. PHILLIPS** *Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/05

(316) 945-0555

Date

Daytime Phone #