

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000002096

1. Entity Name

SPENCER REED GROUP, INC.



Principal Place of Business

**6900 COLLEGE BLVD., STE 1
OVERLAND PARK, KS 66211**

Mailing Address

**6900 COLLEGE BLVD., STE 1
OVERLAND PARK, KS 66211**

DO NOT WRITE IN THIS SPACE



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number

43-1563521

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

OLON, WILLIAM

STREET ADDRESS

6900 COLLEGE BLD- STE 1

CITY- ST- ZIP

OVERLAND PARK, KS 66211

TITLE

VP

NAME

WILLIAMS, JAMES F

STREET ADDRESS

6900 COLLEGE BLVD STE 1

CITY- ST- ZIP

OVERLAND PARK, KS 66211

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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STREET ADDRESS

CITY- ST- ZIP

100000422909
02/17/06-80036-004 150.00

**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

2/2/06

Date

913-663-4400

Daytime Phone #