

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90007 041 \*\*\*150.00

**20050110**



07122006 Chg-P CR2E034 (11/05)

4. FEI Number **43-1451882** 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

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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	CEO	<input checked="" type="checkbox"/> Delete
NAME	LEE, GARY M	
STREET ADDRESS	3741 NE TROON DRIVE	
CITY-ST-ZIP	LEES SUMMIT, MO 64064	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEE, WILLIS L	
STREET ADDRESS	3741 NE TROON DRIVE	
CITY-ST-ZIP	LEES SUMMIT, MO 64064	
TITLE	<del>CEO</del>	<input type="checkbox"/> Delete
NAME	CHRISTOPHER, STAN A	
STREET ADDRESS	3741 NE TROON DRIVE	
CITY-ST-ZIP	LEES SUMMIT, MO 64064	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, MICHAEL	
STREET ADDRESS	4019 E. DARDENELLE PL.	
CITY-ST-ZIP	SPRINGFIELD, MO 65809	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	KALIS, MIKE	
STREET ADDRESS	4601 W. 65TH	
CITY-ST-ZIP	PRAIRIE VILLAGE, KS 66208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Stan Christopher 7/14/06 816-554-3019  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #