2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000001665

1. Entity Name
PEGASUS LABORATORIES, INC.

Principal Place of Business	Mailing Address
8809 ELY RD PENSACOLA, FL 32514	1217 W. 12TH STREET KANSAS CITY, MO 64101

01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1108244
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TROIL, KARRON
8809 ELY RD
PENSACOLA, FL 32514

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000060877
02/23/04-80057-016 158.75

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MEALMAN, W E
STREET ADDRESS	11505 BROOKWOOD AVE
CITY-ST-ZIP	LEAWOOD, KS
TITLE	PD
NAME	MARTIN, RICHARD E
STREET ADDRESS	1015 W. 59TH ST
CITY-ST-ZIP	KANSAS CITY, MO 64113
TITLE	V
NAME	BROCKER, WILLIAM R
STREET ADDRESS	6808 WARWICK AVE
CITY-ST-ZIP	OVERLAND PARK, KS 66218
TITLE	D
NAME	CHEW, DONALD A
STREET ADDRESS	15716 W 85TH STREET
CITY-ST-ZIP	LENEXA, KS
TITLE	ASD
NAME	CRAWFORD, HOWARD A
STREET ADDRESS	3103 W. 67TH TERRACE
CITY-ST-ZIP	MISSION HILLS, KS
TITLE	D
NAME	MUELLER, ROBERT S
STREET ADDRESS	1508 PRESTWICK COURT
CITY-ST-ZIP	LAWRENCE, KS

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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: Donald A. Chew, Sr. V.P. Finance 2-11-04 816-460-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DONALD A. CHEW