

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001665

Entity Name: PEGASUS LABORATORIES, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

8809 ELY RD  
PENSACOLA, FL 32514

## New Principal Place of Business:

## Current Mailing Address:

1217 W. 12TH STREET  
KANSAS CITY, MO 64101

## New Mailing Address:

FEI Number: 37-1108244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TROIL, KARRON  
8809 ELY RD  
PENSACOLA, FL 32514 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MEALMAN, W E  
Address: 11505 BROOKWOOD AVE  
City-St-Zip: LEAWOOD, KS

Title: CEO ( ) Delete  
Name: MARTIN, RICHARD E  
Address: 1015 W. 59TH ST  
City-St-Zip: KANSAS CITY, MO 64113

Title: V ( ) Delete  
Name: CUSHING, GARY H  
Address: 493 DEER POINT DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: P ( ) Delete  
Name: CHEW, DONALD A  
Address: 15716 W 85TH STREET  
City-St-Zip: LENEXA, KS

Title: AS ( ) Delete  
Name: CRAWFORD, HOWARD A  
Address: 3103 W. 67TH TERRACE  
City-St-Zip: MISSION HILLS, KS

Title: AV ( ) Delete  
Name: LEWIS, GREG  
Address: 9058 KILLERNEY DR  
City-St-Zip: PACE, FL 32571

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE CHRISTENSEN

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04/29/2009

Electronic Signature of Signing Officer or Director

Date