


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90002 006 ***150.00

DOCUMENT # F99000006302 1. Entity Name R.S. ANDREWS OF STUART II, INC.					
Principal Place of Business 3510 DEKALB TECHNOLOGY PARKWAY ATLANTA, GA 30340 US			Mailing Address 3510 DEKALB TECHNOLOGY PARKWAY ATLANTA, GA 30340 US		
2. Principal Place of Business 2017 W 104th Suite, Apt. #, etc.		3. Mailing Address 2017 W 104th Suite, Apt. #, etc.			
City & State LEAWOOD, KS		City & State LEAWOOD, KS		4. FEI Number 58-2505563	
Zip 66206		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO DOWLING, JACK 3510 DEKALB TECHNOLOGY PARKWAY ATLANTA, GA 30340 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/V/T/D GLENN POSLADEK 2017 W. 104th LEAWOOD, KS 66206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO GRANDER, MERCER 3510 DEKALB TECHNOLOGY PARKWAY ATLANTA, GA 30340 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DALE KIRBY 2017 W104th LEAWOOD, KS 66206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC GRANDER, MERCER 3510 DEKALB TECHNOLOGY PARKWAY ATLANTA, GA 30340 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Dale Kirby</u> <u>Dale Kirby</u> <u>9/15/04</u> <u>913-901-1105</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

34073187



08302004 Chg-P CR2E034 (10/03)



Attachment

54073187

F99000006302

A Professional Association

FILING INSTRUCTIONS

DATE: 8/30/04

CLIENT NAME: R.S. ANDREWS OF STUART II, INC.

TYPE OF RETURN: 2004 FOR PROFIT ANNUAL REPORT

PAYMENT REQUIRED: \$150.00

PAYABLE TO: FLORIDA DEPT OF REVENUE

DUE DATE: 9/8/04

THIS FORM SHOULD BE MAILED TO:

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

Please review all forms before filing. Be sure to sign, date and enclose payment if applicable. If you have any questions, please contact Suzanne Bartling.