2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M76731**

1. Entity Name

PROPERTY MANAGEMENT CORP.

FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

9323 E 37TH ST NORTH

SUITE 200

WICHITA, KS 67226 US

Mailing Address

9323 E 37TH STREET NORTH SUITE 200

WICHITA, KS 67226 US



04212004

No Chg-P

CR2E034 (10/03)

4. FEI Number 48-1053147 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. 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 reliabling).					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ     Trust Fund Contribution,	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			# V V
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAYLOR, DANIEL J 9323 E. 37TH STREET NORTH WICHITA, KS 67226				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LONG, MARVIN 14911 SHARON LN WICHITA, KS			_	U00000132709 04/27/04-80057-024 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
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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					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

316/634-3300

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Daytime Phone #