

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90097 049 ***150.00

DOCUMENT # P03161

1. Entity Name

SCHMIDT & KLAUS, INC.



Principal Place of Business

1620 GRAND AVENUE
KANSAS CITY MO 64108

Mailing Address

1620 GRAND AVENUE
KANSAS CITY MO 64108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-0860522

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE STD ☐ Delete
NAME SCHMIDT, GARY L.
STREET ADDRESS 2137 SHADOW OAKS ROAD
CITY-ST-ZIP SARASOTA FL 34240

TITLE D ☐ Delete
NAME KLAUS, JOHN
STREET ADDRESS 8206 E. 166TH ST.
CITY-ST-ZIP GREENWOOD MO

TITLE VD ☐ Delete
NAME SCHMIDT, DIANE
STREET ADDRESS 2137 SHADOW OAKS ROAD
CITY-ST-ZIP SARASOTA FL 34240

TITLE D ☐ Delete
NAME KLAUS, BERNARD SR
STREET ADDRESS COUNTY LINE RD
CITY-ST-ZIP BELTON MO

TITLE PD ☐ Delete
NAME SCHMIDT, MICHAEL D.
STREET ADDRESS 8814 WEST 116TH STREET
CITY-ST-ZIP OVERLAND PARK KS 66210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1100 Diamond Cir.
CITY-ST-ZIP Naples FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gary L. Schmidt 4-14-04 941-343-8720