

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03161

Entity Name: SCHMIDT & KLAUS, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

1620 GRAND AVENUE
KANSAS CITY, MO 64108

New Principal Place of Business:

1620 GRAND BLVD.
KANSAS CITY, MO 64108

Current Mailing Address:

1620 GRAND AVENUE
KANSAS CITY, MO 64108

New Mailing Address:

1620 GRAND BLVD.
KANSAS CITY, MO 64108

FEI Number: 43-0860522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: SCHMIDT, GARY L
Address: 2137 SHADOW OAKS ROAD
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: KLAUS, JOHN,
Address: 1100 DIAMOND CIR.
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: SCHMIDT, DIANE,
Address: 2137 SHADOW OAKS ROAD
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: KLAUS, BERNARD SR,
Address: COUNTY LINE RD
City-St-Zip: BELTON, MO

Title: PD () Delete
Name: SCHMIDT, MICHAEL D.,
Address: 8814 WEST 116TH STREET
City-St-Zip: OVERLAND PARK, KS 66210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: KLAUS, JOHN
Address: 1100 DIAMOND CIR.
City-St-Zip: NAPLES, FL 34110

Title: VD (X) Change () Addition
Name: SCHMIDT, DIANE D
Address: 2137 SHADOW OAKS ROAD
City-St-Zip: SARASOTA, FL 34240

Title: D (X) Change () Addition
Name: KLAUS, BARNARD
Address: COUNTY LINE RD
City-St-Zip: BELTON, MO

Title: PD (X) Change () Addition
Name: SCHMIDT, MICHAEL D
Address: 8814 WEST 116TH STREET
City-St-Zip: OVERLAND PARK, KS 66210

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY L. SCHMIDT

D

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date