

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03571

1. Entity Name
PREMIUM FINANCING SPECIALISTS, INC.



Principal Place of Business
**427 WEST 12TH ST.
SUITE 100
KANSAS CITY, MO 64105 US**

Mailing Address
**427 WEST 12TH ST.
SUITE 100
KANSAS CITY, MO 64105 US**



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1039872

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
PO BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
CHARBONNEAU, THOMAS J.
6411 HILLSIDE
SHAWNEE, KS 66218**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
ANDRES, BRYAN J
5625 ROUNDTREE
SHAWNEE, KS 66226**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
DARVEAUX, NORENE
1200 W. NETTLETON
INDEPENDENCE, MO**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
MERRIMAN, MICHAEL A.
6435 INDIAN LANE
SHAWNEE MISSION, KS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FELLER, DAVID J.
887 EAST FIRST STREET
PECULIAR, MO**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000212277
02/03/05-80023-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

1-31-05

Date

816-627-0500

Daytime Phone #