


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90465 043 ***150.00

DOCUMENT # P05915					
1. Entity Name PERFORMANCE CONTRACTING, INC. OF KANSAS					
Principal Place of Business 208 EAST WOODLAWN RD STE. 200 CHARLOTTE, NC 28217 US			Mailing Address 208 EAST WOODLAWN RD STE. 200 CHARLOTTE, NC 28217 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04212004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				4. FEI Number 34-1467168	
7. Name and Address of New Registered Agent				Applied For Not Applicable	
Name				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, CRAIG D		NAME		
STREET ADDRESS	16047 W. 110TH ST.		STREET ADDRESS		
CITY-ST-ZIP	LENEKA, KS 66219		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAPHAM, D.D.		NAME		
STREET ADDRESS	16047 W 110TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LENEKA, KS 66219		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, CRAIG D		NAME		
STREET ADDRESS	16047 W. 110TH ST.		STREET ADDRESS		
CITY-ST-ZIP	LENEKA, KS 66219		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOOTE, WILLIAM M		NAME		
STREET ADDRESS	16047 W. 110TH ST.		STREET ADDRESS		
CITY-ST-ZIP	LENEKA, KS 66219		CITY-ST-ZIP		
TITLE	AS PELT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAN RIET NANCY		NAME		
STREET ADDRESS	208 E WOODLAND RD STE 200		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28217		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
SIGNATURE: <i>Douglas Lapham</i>			4/21/04 704-529-8047		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		