

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90033 016 ***150.00

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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
43-1395256

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BERCHTOLD, WALTER
4250 EXECUAIR STREET
ORLANDO, FL 32827

**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
EVPD
SHONKA, MICHAEL J
5800 EAST PAWNEE ROAD
WICHITA, KS 67218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPHS
WALTERS, JAMES H
5800 EAST PAWNEE ROAD
WICHITA, KS 67218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PELTON, JACK J
5800 EAST PAWNEE ROAD
WICHITA, KS 67218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
MEYER, RUSSELL W
5800 EAST PAWNEE ROAD
WICHITA, KS 67218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EV
ALBERTI, RONALD E
5800 EAST PAWNEE ROAD
WICHITA, KS 67218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPCS
BRANT, DAVID W
5800 EAST PAWNEE ROAD
WICHITA, KS 67218

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

PATRICIA L. ELMER, ASSISTANT TREASURER

1/7/05

(401) 421-2800