2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P09011

1. Entity Name
SMITH & LOVELESS, INC.

Principal Place of Business	Mailing Address
14040 SANTA FE TRAIL DRIVE LENEXA, KS 66215	14040 SANTA FE TRAIL DRIVE LENEXA, KS 66215

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-0924021
☐ 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	REBORI, ROBERT L
STREET ADDRESS	13919 WEST 48TH TERRACE
CITY-ST-ZIP	SHAWNEE, KS
TITLE	AT
NAME	FERBEZAR, DAVID B
STREET ADDRESS	14710 W 65TH STREET
CITY-ST-ZIP	SHAWNEE, KS
TITLE	VSD
NAME	MARSCHALL, STUART B
STREET ADDRESS	10580 GLENVIEW LN
CITY-ST-ZIP	OLATHE, KS
TITLE	S
NAME	WICKHAM, LANETTE
STREET ADDRESS	5702 OAK VIEW DRIVE
CITY-ST-ZIP	SHAWNEE, KS
TITLE	VSD
NAME	BELL, JAMES A
STREET ADDRESS	4322 HOMESTEAD CIRCLE
CITY-ST-ZIP	PRAIRIE VILLAGE, KS
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/04-80063-010 150.00

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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: _____ 01/13/2004 913-888-5201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #