


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P09011 1. Entity Name SMITH & LOVELESS, INC.	
---	---

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



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-0924021	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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

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

U00000190377
01/24/05-80133-010 150.00

**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)(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

Date **01/11/05** Daytime Phone # **913-888-5201**

ROBERT L. REBORI