


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90009 049 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
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			7. Name and Address of New Registered Agent Name 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, 2006 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	PTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REBORI, ROBERT L		NAME		
STREET ADDRESS	13919 WEST 48TH TERRACE		STREET ADDRESS	14729 W. 50TH STREET	
CITY- ST- ZIP	SHAWNEE, KS		CITY- ST- ZIP	SHAWNEE, KANSAS 66216	
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERBEZAR, DAVID B		NAME		
STREET ADDRESS	14710 W 65TH STREET		STREET ADDRESS		
CITY- ST- ZIP	SHAWNEE, KS		CITY- ST- ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSCHALL, STUART B		NAME		
STREET ADDRESS	10580 GLENVIEW LN		STREET ADDRESS		
CITY- ST- ZIP	OLATHE, KS		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WICKHAM, LANETTE		NAME		
STREET ADDRESS	5702 OAK VIEW DRIVE		STREET ADDRESS		
CITY- ST- ZIP	SHAWNEE, KS		CITY- ST- ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, JAMES A		NAME		
STREET ADDRESS	4322 HOMESTEAD CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	PRAIRIE VILLAGE, KS		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 exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/18/06 913-888-5201 <small>Date Daytime Phone #</small>		
ROBERT L. REBORI					