

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 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**



02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-0924021	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000878978
04/15/08-80002-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REBORI, ROBERT L 14729 W. 50TH ST SHAWNEE, KS 66216
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	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT L. REBORI

2/15/2008 913 888 5201