

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09011

Entity Name: SMITH & LOVELESS, INC.

FILED  
Jan 13, 2009  
Secretary of State

## Current Principal Place of Business:

14040 SANTA FE TRAIL DRIVE  
LENEXA, KS 66215

## New Principal Place of Business:

## Current Mailing Address:

14040 SANTA FE TRAIL DRIVE  
LENEXA, KS 66215

## New Mailing Address:

FEI Number: 48-0924021

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: REBORI, ROBERT L,  
Address: 14729 W. 50TH ST  
City-St-Zip: SHAWNEE, KS 66216

Title: AT ( ) Delete  
Name: FERBEZAR, DAVID B  
Address: 14710 W 65TH STREET  
City-St-Zip: SHAWNEE, KS

Title: VSD ( ) Delete  
Name: MARSCHALL, STUART B,  
Address: 10580 GLENVIEW LN  
City-St-Zip: OLATHE, KS

Title: S ( ) Delete  
Name: WICKHAM, LANETTE  
Address: 5702 OAK VIEW DRIVE  
City-St-Zip: SHAWNEE, KS

Title: VSD (X) Delete  
Name: BELL, JAMES A,  
Address: 4322 HOMESTEAD CIRCLE  
City-St-Zip: PRAIRIE VILLAGE, KS

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C D (X) Change ( ) Addition  
Name: REBORI, ROBERT L,  
Address: 14729 W. 50TH ST  
City-St-Zip: SHAWNEE, KS 66216

Title: T D (X) Change ( ) Addition  
Name: FERBEZAR, DAVID B  
Address: 14710 W 65TH STREET  
City-St-Zip: SHAWNEE, KS 66216

Title: P D (X) Change ( ) Addition  
Name: FRANK J. REBORI,  
Address: 5702 OAK VIEW DRIVE  
City-St-Zip: SHAWNEE, KS 66216

Title: S D (X) Change ( ) Addition  
Name: WICKHAM, LANETTE  
Address: 5702 OAK VIEW DRIVE  
City-St-Zip: SHAWNEE, KS

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANETTE WICKHAM

S D

01/13/2009

Electronic Signature of Signing Officer or Director

Date