


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90985 028 ***150.00

DOCUMENT # P25820	
1. Entity Name M W BUILDERS CONSTRUCTION COMPANY	

Principal Place of Business 11100 ASH 100 LEAWOOD KS 66211 US	Mailing Address 11100 ASH 100 LEAWOOD KS 66211 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 43-0983084	<input type="checkbox"/> 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIMMIG, ROBERT H		NAME	
STREET ADDRESS 13214 OUTLOOK		STREET ADDRESS	
CITY-ST-ZIP OVERLAND PARK KS 66209		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAWLEY, JOHN		NAME	
STREET ADDRESS 25103 171ST ST		STREET ADDRESS	
CITY-ST-ZIP LEAVENWORTH KS 66048		CITY-ST-ZIP	
TITLE COBD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOSSMAN, MICHAEL W		NAME	
STREET ADDRESS 4041 WEST 147TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP LEAWOOD KS 66224		CITY-ST-ZIP	
TITLE VPSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CIMPL, DAVID		NAME	
STREET ADDRESS 1222 W 60TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP KANSAS CITY MO 64113		CITY-ST-ZIP	
TITLE VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURT, DAVID A		NAME	
STREET ADDRESS 1021 S.E. CLAREMONT		STREET ADDRESS	
CITY-ST-ZIP LEES SUMMIT MO 64081		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MITTS, HAROLD W JR		NAME	
STREET ADDRESS 14004 WINDSOR		STREET ADDRESS	
CITY-ST-ZIP LEAWOOD KS 66224		CITY-ST-ZIP	

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:  **David Cimpl** **4/21/04** **(913) 469-0101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #