
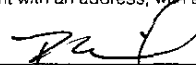


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 43-0983084		
Zip		Country		Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			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 _____			DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
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 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	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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		(913) 469-0101	
					Daytime Phone #	