
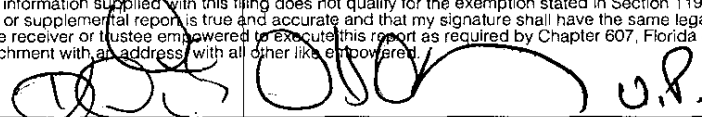


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90440 012 ***150.00

DOCUMENT # P30175					
1. Entity Name MIZE, HOUSER & COMPANY, PROFESSIONAL ASSOCIATION					
Principal Place of Business 534 S. KANSAS AVE., TOPEKA, KS 66603		Mailing Address 534 S. KANSAS AVE., TOPEKA, KS 66603			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 48-0882363	
				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		
RACHLIN & COHEN, CPA'S ATTN: RICHARD DRATH 1320 S DIXIE HWY, PENTHOUSE CORAL GABLES, FL 33146			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, 2004 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	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEHLINGER, ROBERT M.		NAME		
STREET ADDRESS	534 S. KANSAS AVE		STREET ADDRESS		
CITY-ST-ZIP	TOPEKA, KS 66603		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLSON, KEITH L.		NAME		
STREET ADDRESS	534 S. ARKANSAS AVE		STREET ADDRESS		
CITY-ST-ZIP	TOPEKA, KS 66603		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARRELL, THOMAS B		NAME		
STREET ADDRESS	534 S. KANSAS AVE		STREET ADDRESS		
CITY-ST-ZIP	TOPEKA, KS 66603		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIMES, TERRY J.		NAME		
STREET ADDRESS	534 S. KANSAS AVE		STREET ADDRESS		
CITY-ST-ZIP	TOPEKA, KS 66603		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROESBECK, ALAN, W		NAME		
STREET ADDRESS	534 S. KANSAS AVE.		STREET ADDRESS		
CITY-ST-ZIP	TOPEKA, KS 66603		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOND, DUANE E		NAME		
STREET ADDRESS	534 S. KANSAS AVE		STREET ADDRESS		
CITY-ST-ZIP	TOPEKA, KS 66603		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: 		4-30-04 785-233-0536 <small>Date Daytime Phone #</small>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					