

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P33404

1. Entity Name
TPG FINANCIAL, INC.



Principal Place of Business
1100 MAIN STE 1830
KANSAS CITY, MO 64105 US

Mailing Address
1100 MAIN STE 1830
KANSAS CITY, MO 64105 US



06292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1440536	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

BERGER, REBECCA
1630 PERIWINKLE WAY
SANIBEL ISLAND, FL 33957

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PROVO, BRUCE A.
STREET ADDRESS	8812 LINDEN DRIVE
CITY- ST- ZIP	PRAIRIE VILLAGE, KS 66207

TITLE	VS
NAME	PROVO, CAROLINA E
STREET ADDRESS	8812 LINDEN DR
CITY- ST- ZIP	PRAIRIE VILLAGE, KS 66208

TITLE	T
NAME	WILKERSON, WALLACE R.
STREET ADDRESS	15723 CORDELL RD
CITY- ST- ZIP	KEARNEY, MO 64060

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000572850
08/01/06-80002-006 550.00

**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 of 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 #

7/14/06

816 421-7444