

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 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



01052007 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 ☐ **\$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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

U000000745793  
05/16/07-80042-011 150.00

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/07

816 421-7444