## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 10, 2008 8:00 am **Secretary of State**

03-10-2008 90058 020 \*\*\*150.00

DOCUMENT # P99000019735 1. Entity Name CORE RESIDENCES I, INC. 40041557 Principal Place of Business Mailing Address 9916 E. HARRY 9916 E. HARRY SUITE 104 SUITE 104 WICHITA, KS 67207 WICHITA, KS 67207 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 58-2450231 Not Applical Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ave S SHAW, TIMOTHY S Street Address (P.O. Box Number is Not Acceptable) %KIRK PINKERTON 720 SOUTH ORANGE AVE SARASOTA, FL 34236 City 45 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 accertifications of registered agent. gent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addit DAVES, KEVIN NAME NAME STREET ADDRESS 9916 E. HARRY SUITE 104 STREET ADDRESS CITY-ST-ZIP WICHITA, KS 67207 CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addit NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Oelete TITLE ☐ Change □ Addit NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addit TITLE ☐ Delete TITLE Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addit TITLE NAME NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

<sup>12.</sup> 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 direct 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 changed, or on an attachment with ah address, with all other like empowered. changed, or on an attachment with like empowered