

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834578

FILED
Apr 27, 2005
Secretary of State

Entity Name: HAAS, WILKERSON, & WOHLBERG, INC.

Current Principal Place of Business:

4300 SHAWNEE MISSION PARKWAY
MISSION, KS 66205 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2946
SHAWNEE MISSION, KS 662011346 US

New Mailing Address:

FEI Number: 44-0648448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLAN, DANIEL R.
6675 13TH AVENUE NORTH, 2D
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CASTOR, L'MITCHELL
Address: 12760 GARNETT
City-St-Zip: OVERLAND PARK, KS 66210

Title: DV () Delete
Name: ALLAN, DANIEL R.,
Address: 7352 HUNT CLUB LANE
City-St-Zip: SEMINOLE, FL 34646

Title: DSV () Delete
Name: GARRETT, DAVID,
Address: 9116 W 112 ST
City-St-Zip: OVERLAND PARK, KS 66210

Title: PD () Delete
Name: WILKERSON, IV, WILLIAM R
Address: 4317 W 63RD ST
City-St-Zip: PRAIRIE VILLAGE, KS 66208

Title: S () Delete
Name: TAYLOR, PAULA
Address: 10805 W 60TH ST
City-St-Zip: SHAWNEE, KS 66203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: CASTOR, L'MITCHELL
Address: 12760 GARNETT
City-St-Zip: OVERLAND PARK, KS 66210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA J. TAYLOR

Electronic Signature of Signing Officer or Director

SECY

04/27/2005

_____ Date