

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90041 020 \*\*\*150.00

40000000



03152008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F06000005780</b>					
1. Entity Name HUXTABLE & ASSOCIATES, INC.					
Principal Place of Business 2151 HASKELL AVE., BLDG. 1 LAWRENCE, KS 66046			Mailing Address 2151 HASKELL AVE., BLDG. 1 LAWRENCE, KS 66046		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 48-0720830	
				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		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			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 <i>Gloria Keating</i>		Signature, typed or printed name of registered agent and title if applicable		Gloria Keating 3-17-08 NA Same	
		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>After May 1, 2008 Fee will be \$550.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELCHER, BRUCE G.		NAME		
STREET ADDRESS	1708 TROON LANE		STREET ADDRESS		
CITY-ST-ZIP	LAWRENCE, KS 66047		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, FRED		NAME		
STREET ADDRESS	5812 LONGVIEW ST.		STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE, KS 66218		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELCHER, SMITTY G.		NAME		
STREET ADDRESS	2000 PALMER CT		STREET ADDRESS		
CITY-ST-ZIP	LAWRENCE, KS 66047		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANDON, CHARLES G.		NAME		
STREET ADDRESS	13902 BOND		STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK, KS 66221		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATHEN, JAMES R.		NAME	GATHEN, JAMES R	
STREET ADDRESS	88 MARK ST.		STREET ADDRESS	20 MISTY WATER LANE	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP	MARY ESTER, FL 32569	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TREAS/SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELCHER, MICHAEL A.		NAME	BELCHER, MICHAEL A	
STREET ADDRESS	716 NE LAKE POINT DR.		STREET ADDRESS	9640 LEE BLVD.	
CITY-ST-ZIP	LEE'S SUMMIT, MD 64064		CITY-ST-ZIP	LEAWOOD, KS 66206	
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: <i>Gloria Keating</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		GLORIA KEATING	
				Date	
				(785)843-2910	
				Daytime Phone #	