


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90348 024 ***150.00

DOCUMENT # F94000006185
 1. Entity Name
HAAS AND WILKERSON, INC.



Principal Place of Business
4300 SHAWNEE MISSION PARKWAY
SHAWNEE MISSION, KS 66205

Mailing Address
PO BOX 2946
SHAWNEE MISSION, KS 66201-1346

44039727



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
44-0641314

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALLAN, DAN
6675 13TH AVE., NORTH
SUITE 2D
ST. PETERSBURG, FL 33710

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	RD	<input type="checkbox"/> Delete
NAME	WILKERSON, WILLIAM R III	
STREET ADDRESS	3810 W. 68TH ST	
CITY-ST-ZIP	MISSION HILLS, KS 66028	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DUNN, FREDERICK P	
STREET ADDRESS	9401 MANOR RD.	
CITY-ST-ZIP	LEAWOOD, KS 66206	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CASTOR, L MITCHELL	
STREET ADDRESS	11335 JARBOE	
CITY-ST-ZIP	KANSAS CITY, MO 64114	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	ALLAN, DANIEL R	
STREET ADDRESS	7352 HUNT CLUB LN.	
CITY-ST-ZIP	SEMINOLE, FL 33646	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILKERSON, WILLIAM P IV	
STREET ADDRESS	4317 WEST 63RD ST.	
CITY-ST-ZIP	PRAIRIE VILLAGE, KS 66208	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, JOHANNA	
STREET ADDRESS	4142 ADAMS ST	
CITY-ST-ZIP	KANSAS CITY, KS 66103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paula J. Taylor	
STREET ADDRESS	10805 West 60th Street	
CITY-ST-ZIP	Shawnee, KS 66203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William R. Wilkerson, IV	
STREET ADDRESS	4317 West 63rd Street	
CITY-ST-ZIP	Prairie Village, KS 66208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 of the same 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 my address, with all other like empowered.

SIGNATURE:  , Paula J. Taylor, Secretary **4/23/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #