

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006185

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: HAAS AND WILKERSON, INC.

**Current Principal Place of Business:**

4300 SHAWNEE MISSION PARKWAY  
SHAWNEE MISSION, KS 66205

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2946  
SHAWNEE MISSION, KS 662011346

**New Mailing Address:**

FEI Number: 44-0641314      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLAN, DAN  
6675 13TH AVE., NORTH  
SUITE 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: S ( ) Delete  
Name: TAYLOR, PAULA J  
Address: 10805 WEST 60TH STREET  
City-St-Zip: SHAWNEE, KS 66203

Title: VPD ( ) Delete  
Name: DUNN, FREDERICK P  
Address: 9401 MANOR RD.  
City-St-Zip: LEAWOOD, KS 66206

Title: TD ( ) Delete  
Name: CASTOR, L'MITCHELL  
Address: 11335 JARBOE  
City-St-Zip: KANSAS CITY, MO 64114

Title: EVPD ( ) Delete  
Name: ALLAN, DANIEL R  
Address: 7352 HUNT CLUB LN.  
City-St-Zip: SEMINOLE, FL 33646

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P (X) Change ( ) Addition  
Name: WILKERSON, WILLIAM R IV  
Address: 4317 WEST 63RD STREET  
City-St-Zip: PRAIRIE VILLAGE, KS 66208 US

Title: T (X) Change ( ) Addition  
Name: SOUKUP, MARK  
Address: 9313 WEST 148TH TERRACE  
City-St-Zip: OVERLAND PARK, KS 66221

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 Chapter 119, 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

SECR

04/28/2006

\_\_\_\_\_ Date