

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006185

Entity Name: HAAS AND WILKERSON, INC.

FILED
Apr 30, 2007
Secretary of State

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: WILLIAM R. WILKERSON IV

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date