# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # F95000002692

INLINER AMERICAN, INC.



Principal Place of Business

Mailing Address

2601 WEST LAKE MARY BLVD. **SUITE 129** LAKE MARY, FL 32746 US

1900 SHAWNEE MISSION PKWY MISSION, KS 66205 US

**FILED** May 15, 2008 8:00 am Secretary of State

05-15-2008 90025 023 \*\*\*150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 76-0469163 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

--- 6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pons of registered agent.	urpose of changing its registered	d office or r	egistered agent, o	r both, in the Sta	ite of Florida. I am fa	miliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registered	Agent signature	required when reinstating	O)	DATE	
FILI	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.		\$5.00 May Bo Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, JEFFREY J 4520 N STATE RD 37 ORLEANS, IN 47452	-					•
TITLE  NAME  STREET ADDRESS  CITY+ST-ZIP	V HARRIS, MARK 2601 WEST LAKE BLVD. SUITE 129 LAKE MARY, FL 32746						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FANSKA, JERRY W 1900 SHAWNEE MISSION PKWY MISSION, KS 66205		,	D	_ ТОИ О	WRITE	andres and comme
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCGREGOR, STEPHANIE 2601 WEST LAKE ROAD, SUITE 129 LAKE MARY, FL 32746			, IN	I THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROOKE, STEVEN F 1900 SHAWNEE MISSION PKWY MISSION, KS 66205						
TITLE `	T SCHMIDT, CURTIS J		Ü,	•			
STREET ADDRESS CITY-ST-ZIP	-1900 SHAWNEE MISSION PKWY -MISSION, KS 66205	line does not qualify for the arms	motions as	ntoined in Charte	r 110 Florida Ct	atutos I further	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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Curtis J. Schmidt, Treasurer

4-10-08

(913) 362-0510

Date



#### **OFFICERS**

Name and Address

Jeffrey J. Reynolds 4520 North State Road 37 Orleans, Indiana 47452

Jerry W. Fanska 1900 Shawnee Mission Parkway Mission Woods, Kansas 66205

Larry Purlee 4520 North State Road 37 Orleans, Indiana 47452

Mark Harris 2601 W. Lake Mary Boulevard Suite 129 Lake Mary, Florida 32746-3567

Steven F. Crooke 1900 Shawnee Mission Parkway Mission Woods, Kansas 66205

Curtis J. Schmidt 1900 Shawnee Mission Parkway Mission Woods, Kansas 66205

Stephanie McGregor 2601 W. Lake Mary Boulevard Suite 129 Lake Mary, Florida 32746-3567 **Position** 

President

Vice President /Chief Financial Officer

Vice President

Vice President

Secretary

Treasurer

**Assistant Secretary** 

### **DIRECTORS**

Andrew B. Schmitt 1900 Shawnee Mission Parkway Mission Woods, Kansas 66205

Jeffrey J. Reynolds 4520 North State Road 37 Orleans, Indiana 47452

Jerry W. Fanska 1900 Shawnee Mission Parkway Mission Woods, Kansas 66205