

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90202 001 ***300.00

DOCUMENT # M76731

1. Entity Name
PROPERTY MANAGEMENT CORP.



Principal Place of Business

**1938 N WOODLAWN SUITE 400
WICHITA, KS 67208 US**

Mailing Address

**1938 N WOODLAWN SUITE 400
WICHITA, KS 67208 US**

66002484



DO NOT WRITE IN THIS SPACE

02202008 No Chg-P CR2E034 (11/05)

4. FEI Number

48-1053147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **TAYLOR, DANIEL J**
STREET ADDRESS **1938 N WOODLAWN, SUITE 400**
CITY-ST-ZIP **WICHITA, KS 67208**

TITLE **DVT**
NAME **LONG, MARVIN**
STREET ADDRESS **14911 SHARON LN**
CITY-ST-ZIP **WICHITA, KS**

TITLE **S**
NAME **BUTLER, BRENDA J**
STREET ADDRESS **2131 SO COOPER COURT**
CITY-ST-ZIP **WICHITA, KS 67226**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-08

**316
634-3306**