

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90780 040 \*\*\*150.00

**DOCUMENT # P93000039109**



1. Entity Name  
**IVY SERVICES, INC.**

Principal Place of Business: **6300 LAMAR AVENUE OVERLAND PARK, KS 66202**  
 Mailing Address: **6300 LAMAR AVENUE OVERLAND PARK, KS 66202**

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

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

City & State

City & State

04302004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0417838**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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 \_\_\_\_\_

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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: **D**  Delete  
 NAME: **BUTCH, THOMAS W**  
 STREET ADDRESS: **6300 LAMAR AVE.**  
 CITY-ST-ZIP: **OVERLAND PARK, KS 66202**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **VT**  Delete  
 NAME: **YANOWITZ, BEVERLY J**  
 STREET ADDRESS: **925 S. FEDERAL HWY. STE 600**  
 CITY-ST-ZIP: **BOCA RATON, FL 33432**

TITLE: **T**  Change  Addition  
 NAME: **BRENT K BLOSS**  
 STREET ADDRESS: **6300 LAMAR**  
 CITY-ST-ZIP: **SHAWNEE MISSION, KS 66202**

TITLE: **DC**  Delete  
 NAME: **HERMANN, HENRY J**  
 STREET ADDRESS: **6300 LAMAR AVE.**  
 CITY-ST-ZIP: **OVERLAND PARK, KS 66202**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **DP**  Delete  
 NAME: **STROHM, MICHAEL D**  
 STREET ADDRESS: **6300 LAMAR AVE.**  
 CITY-ST-ZIP: **OVERLAND PARK, KS 66202**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **D**  Delete  
 NAME: **SUNDEEN, JOHN E JR.**  
 STREET ADDRESS: **6300 LAMAR AVE.**  
 CITY-ST-ZIP: **OVERLAND PARK, KS 66202**

TITLE: **D/V**  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **S**  Delete  
 NAME: **HILLS, WENDY J**  
 STREET ADDRESS: **630 LAMAR AVE.**  
 CITY-ST-ZIP: **OVERLAND PARK, KS 66202**

TITLE: \_\_\_\_\_  Change  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 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: *Brent K Bloss* **BRENT K BLOSS** 4/30/04 (913) 236-1597  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #