

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90105 047 ***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**

50050504



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05022005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0417838

Applied For
 Not Applicable

Zip

Country

Zip

Country

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
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BUTCH, THOMAS W	
STREET ADDRESS	6300 LAMAR AVE.	
CITY-ST-ZIP	OVERLAND PARK, KS 66202	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLOSS, BRENT K	
STREET ADDRESS	6300 LAMAR	
CITY-ST-ZIP	SHAWNEE MISSION, KS 66202	
TITLE	DC	<input type="checkbox"/> Delete
NAME	HERMANN, HENRY J	
STREET ADDRESS	6300 LAMAR AVE.	
CITY-ST-ZIP	OVERLAND PARK, KS 66202	
TITLE	DP	<input type="checkbox"/> Delete
NAME	STROHM, MICHAEL D	
STREET ADDRESS	6300 LAMAR AVE.	
CITY-ST-ZIP	OVERLAND PARK, KS 66202	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SUNDEEN, JOHN E JR.	
STREET ADDRESS	6300 LAMAR AVE.	
CITY-ST-ZIP	OVERLAND PARK, KS 66202	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILLS, WENDY J	
STREET ADDRESS	630 LAMAR AVE.	
CITY-ST-ZIP	OVERLAND PARK, KS 66202	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 **05/02/05** **(413) 236-1597**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #