


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000001343 1. Entity Name CAMPBELLSVILLE INDUSTRIES, INC.	
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Principal Place of Business PO BOX 278 CAMPBELLSVILLE, KY 42719	Mailing Address PO BOX 278 CAMPBELLSVILLE, KY 42719
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**DO NOT WRITE IN THIS SPACE**



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 61-0654617	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD BENNETT, JERRY 500 BENNETT LANE CAMPBELLSVILLE, KY 42718
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCVD COX, WILBUR 1317 BAMBRIDGE LANE CAMPBELLSVILLE, KY 42718
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GRANT, ROGER 100 PRIMROSE LANE CAMPBELLSVILLE, KY 42718
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BENNETT, KENNETH L 43 CAMELOT CAMPBELLSVILLE, KY 42718
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN0000117498  
 04/19/04-80021-023 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1-14-04 270/465-8135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #