


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000001343
 1. Entity Name
 CAMPBELLSVILLE INDUSTRIES, INC.



Principal Place of Business
 PO BOX 278
 CAMPBELLSVILLE, KY 42719

Mailing Address
 PO BOX 278
 CAMPBELLSVILLE, KY 42719



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 61-0654617

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

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 *John W. Craig* (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

00000507491
 04/27/06-80066-016 150.00

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	

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: *John W. Craig* *Kenneth L. Bennett, Treas* 1-13-06 270/465-8135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation