2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001343

43 CAMELOT

CAMPBELLSVILLE, KY 42718

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Jun 25, 2009 Secretary of State

Entity Nar	me: CAMPBE	ELLSVILLE IND	DUSTRIES, INC.					
Current Principal Place of Business:				New Pri	New Principal Place of Business:			
440 TAYLOR BLVD CAMPBELLSVILLE, KY 42719				440 TAYLOR BLVD CAMPBELLSVILLE, KY 42718				
Current Mailing Address:				New Mailing Address:				
PO BOX 2 CAMPBEL	78 LSVILLE, KY	42719						
FEI Number:	61-0654617	FEI Number	Applied For()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name ar	Name and Address of New Registered Agent:			
1203 GOV SUITE 101	S FILINGS INC ERNOR'S SQ SSEE, FL 323	UARE BLVD)					
	named entity e of Florida.	submits this s	tatement for the pu	urpose of changing	j its registe	ered office or registered agent, or be	oth,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent				nt	Date			
	ce with s. 607.19 npaign Financin			receive the prior no	ice.			
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	COX, WILBUR 1317 BAMBRID) Delete OGE LANE ILLE, KY 42718		Title: Name: Address: City-St-Zip		(X) Change () Addition M INTRYSIDE ESTATES N, KY 40033		
Title: Name: Address: City-St-Zip:	GRANT, ROGE 100 PRIMROS			Title: Name: Address: City-St-Zip	198 SAL	(X) Change () Addition D, DAVID EM CHURCH ROAD ELLSVILLE, KY 42718		
Title: Name:	VTD (BENNETT, KEN) Delete NETH L		Title: Name:	PSD MOON, F	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

PD

SIGNATURE: TOM MAY PTD 06/25/2009

4311 HODGENVILLE ROAD

GREENSBURG, KY 42743

CAMPBELLSVILLE, KY 42718

EL-AMOURI, HASAN

123 SUNSET DRIVE

() Change (X) Addition