

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001343

FILED  
Feb 09, 2011  
Secretary of State

**Entity Name:** CAMPBELLSVILLE INDUSTRIES, INC.

**Current Principal Place of Business:**

440 TAYLOR BLVD  
CAMPBELLSVILLE, KY 42718

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 278  
CAMPBELLSVILLE, KY 42719

**New Mailing Address:**

**FEI Number:** 61-0654617      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: MAY, TOM  
Address: 125 COUNTRYSIDE ESTATES  
City-St-Zip: LEBANON, KY 40033

Title: PD  
Name: ENGLAND, DAVID  
Address: 198 SALEM CHURCH ROAD  
City-St-Zip: CAMPBELLSVILLE, KY 42718

Title: PSD  
Name: MOON, RICK  
Address: 4311 HODGENVILLE ROAD  
City-St-Zip: GREENSBURG, KY 42743

Title: PD  
Name: EL-AMOURI, HASAN  
Address: 123 SUNSET DRIVE  
City-St-Zip: CAMPBELLSVILLE, KY 42718

I hereby 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 on an attachment with all other like empowered.

SIGNATURE: TOM MAY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

02/09/2011

\_\_\_\_\_ Date