## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # F97000004081

COMMONWEALTH BRANDS, INC.



Principal Place of Business

PO BOX 51587 BOWLING GREEN, KY 42103 Mailing Address

P.O.OBX 51587

**BOWLING GREEN, KY 42103** 

## **FILED** Feb 27, 2006 8:00 am Secretary of State

02-27-2006 90108 046 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

02212006 No Chg-P

CR2E034 (11/05)

4. FEI Number 61-1208598

Applied For Not Applicable

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

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	named entity submits this statement for the purpose ions of registered agent.	of changing its registere	d office or registered ager	nt, or both, in the Sta	te of Florida. I am	familiar with, and accept			
United by		., .,		. 1					
SIGNATURE	Signature, typed or printed name of registered agent and litle if applicat	ole (NOTE: Bagistares	Agent right up required when rein	ototion 1 1 4	DATE				
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FILE NOW!!! FEE IS \$150.00  State of the contribution.  Trust Fund Contribution.			Added to Fe			STEEL STEEL			
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10.	OFFICERS AND DIRECTORS		A to the transfer of the	<b>人</b> 特别的意思		for many the state of			
TITLE	PCEO		Test has been a done		Display of the second				
NAME	POLING, JOHN C II				43.				
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CITY-ST-ZIP	BOWLING GREEN, KY 42101	-							
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NAME	LIVESAY, TIM								
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CITY-ST-ZIP	BOWLING GREEN, KY 42101				w				
TITLE	VPIT			IN THIS	SPACE				
NAME	FRANCIS, PAM		144						
STREET ADDRESS CITY-ST-ZIP	900 CHURCH STREET			Har 및 휴가지 :					
	BOWLING GREEN, KY 42101								
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NAME	MARTIN, CECIL				1 /1 of				
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CITY-ST-ZIP	BOWLING GREEN, KY 42101	Ep. 1870 (47, 457)	The state of the s	A CONTRACTOR	, 大大 , 大	h dend half			
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 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 C Poling, II

270-781-9100