

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000165201**

1. Entity Name  
SEA FORCE IX OF PALM BEACH, INC.



Principal Place of Business  
6110 NORTH OCEAN BLVD. #37  
BOYNTON BEACH, FL 33435

Mailing Address  
% DAVID PITCHFORD  
10172 LINN STATION ROAD  
LOUISVILLE, KY 40223



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3992575

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HAFT, STUART J ESQ.  
% ALLEY MAASS ROGERS & LINDSAY, P.A.  
340 ROYAL POINCIANA WAY, SUITE 321  
PALM BEACH, FL 33480

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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  
DCHR  
NICHOLS, J.D.  
STREET ADDRESS  
10172 LINN STATION ROAD  
CITY-ST-ZIP  
LOUISVILLE, KY 40223

TITLE  
NAME  
PD  
LAVIN, BRIAN F  
STREET ADDRESS  
10172 LINN STATION ROAD  
CITY-ST-ZIP  
LOUISVILLE, KY 40223

TITLE  
NAME  
EVP  
WELLS, GREGORY A  
STREET ADDRESS  
10172 LINN STATION ROAD  
CITY-ST-ZIP  
LOUISVILLE, KY 40223

TITLE  
NAME  
VT  
PITCHFORD, DAVID B  
STREET ADDRESS  
10172 LINN STATION ROAD  
CITY-ST-ZIP  
LOUISVILLE, KY 40223

TITLE  
NAME  
SV  
HOWARD, SUSAN M  
STREET ADDRESS  
10172 LINN STATION ROAD  
CITY-ST-ZIP  
LOUISVILLE, KY 40223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000808394  
02/07/08-80045-021 150.00

**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:** Susan M. Howard, VP/Sec Susan M. Howard, VP/Sec 1/14/2008 (502) 426-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #