

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90447 006 ***150.00

DOCUMENT # P05990

1. Entity Name
NTS CAPITAL CORPORATION



Principal Place of Business
10172 LINN STATION RD.
LOUISVILLE, KY 40223

Mailing Address
10172 LINN STATION RD.
LOUISVILLE, KY 40223

60031412



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-0962230

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	NICHOLS, J D
STREET ADDRESS	10172 LINN STATION ROAD
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	<i>X Executive Vice President</i>
NAME	WELLS, GREGORY A
STREET ADDRESS	10172 LINN STATION RD
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	VS
NAME	HOWARD, SUSAN M
STREET ADDRESS	10172 LINN STATION RD.
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	P
NAME	LAVIN, BRIAN F
STREET ADDRESS	10172 LINN STATION ROAD
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	VT
NAME	PITCHFORD, DAVID B
STREET ADDRESS	10172 LINN STATION RD
CITY-ST-ZIP	LOUISVILLE, KY 40223
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Susan M. Howard, Vice Pres/Secretary

4/17/06

(502) 426-4800