

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90059 019 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                           |                                                                                                                                                              |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P15043</b><br>1. Entity Name<br><b>LBCE HOLDINGS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               |                                                                                                                           |                                                                                                                                                              |                                                     |  |
| Principal Place of Business<br><b>2651 PALUMBO DRIVE<br/>P. O. BOX 13600<br/>LEXINGTON, KY 40583</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               |                                                                                                                           | Mailing Address<br><b>2651 PALUMBO DRIVE<br/>P. O. BOX 13600<br/>LEXINGTON, KY 40583</b>                                                                     |                                                                                                                                      |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               | 3. Mailing Address                                                                                                        |                                                                                                                                                              |                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               | Suite, Apt. #, etc.                                                                                                       |                                                                                                                                                              |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               | City & State                                                                                                              |                                                                                                                                                              |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                       | Zip                                                                                                                       | Country                                                                                                                                                      |                                                                                                                                      |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                           |                                                                                                                                                              | 7. Name and Address of New Registered Agent                                                                                          |  |
| <b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                                           |                                                                                                                                                              | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                      |                                                                                                                               |                                                                                                                           |                                                                                                                                                              |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |                                                                                                                                                              |                                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                        |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PD<br/>MARTZ, CHARLES<br/>4108 CIMARRON COURT<br/>LEXINGTON, KY 40513</b> <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <b>S<br/>Mark L. Kreyenbuhl<br/>901 Cherrywood Dr<br/>Lexington, KY 40515</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>S<br/>PORTER, MELVIN F<br/>4682 LAURELWOOD DRIVE<br/>LEXINGTON, KY 40515</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <b>VCFO<br/>Porter, Melvin F<br/>4682 Laurelwood Dr<br/>Lexington, KY 40515</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VP<br/>WHITE, BRUCE<br/>3785 WEBER WAY<br/>LEXINGTON, KY 40514</b> <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VCFO<br/>POSH, TOM<br/>745 EMMETT CREEK LN<br/>LEXINGTON, KY 40513</b> <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V<br/>CLAFLIN, JOHN<br/>2125 WOOD BRIDGE WAY<br/>LEXINGTON, KY 40515</b> <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>CD<br/>FUJITA, EIICHI<br/>5-9-11 KITASHINAGAWA, SHINEGAWA-KU<br/>TOKYO, JAPAN 141-8686</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |                                                                                                                                      |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |                                                                                                                               |                                                                                                                           |                                                                                                                                                              |                                                                                                                                      |  |
| <b>SIGNATURE:</b> <u>Mark L. Kreyenbuhl</u> <span style="float: right;">1-21-05</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small></span> <span style="float: right;"><small>Daytime Phone #</small></span>                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               |                                                                                                                           |                                                                                                                                                              |                                                                                                                                      |  |

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01182005 Chg-P CR2E034 (10/03)

4. FEI Number **61-1099661** Applied For ☐ Not Applicable ☒

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