


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # F07000001785 1. Entity Name OHIO VALLEY LAND COMPANY	
---	---

Principal Place of Business 166 60TH ST. VIENNA, WV 26105	Mailing Address P.O. BOX 5280 VIENNA, WV 26105
---	--

DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0392740	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ESBENSHADE, JOHN 1317 SE FORT KING ST. OCALA, FL 34478
--

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS ESBENSHADE, HARRY H. JR. P.O. BOX 5280 VIENNA, WV 26105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRKBRIDE, ROBERT E. P.O. BOX 925 MARIETTA, OH 45750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CAIN, MICHAEL D. P.O. BOX 5280 VIENNA, WV 26105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESBENSHADE, HARRY H. III P.O. BOX 5280 VIENNA, WV 26105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESBENSHADE, JOHN S. 1317 SE FORT KING ST. OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESBENSHADE, WILLIAM D. 2833 S. COLORADO BLVD. DENVER, CO 80222

<p>1000000792493 01/24/08-80007-022 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Robert E. Kirkbride Robert E. Kirkbride
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President 01/14/2008 304-285-3311
Date Daytime Phone #