

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833325

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: KERR GROUP, INC.

**Current Principal Place of Business:**

101 OAKLEY ST.  
EVANSVILLE, IN 47710 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 959  
EVANSVILLE, IN 477060959

**New Mailing Address:**

FEI Number: 95-0898810      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., STE. 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P D ( ) Delete  
Name: BOOTS, IRA G  
Address: P O BOX 959  
City-St-Zip: EVANSVILLE, IN 47706

Title: TSVD ( ) Delete  
Name: KRATOCHVIL, JAMES M  
Address: P O BOX 959  
City-St-Zip: EVANSVILLE, IN 47706

Title: VPD ( ) Delete  
Name: BEELER, R B  
Address: P O BOX 959  
City-St-Zip: EVANSVILLE, IN 47706

Title: EXVP ( ) Delete  
Name: MILES, MARK  
Address: PO BOX 959  
City-St-Zip: EVANSVILLE, IN 47706

Title: VP ( ) Delete  
Name: THOMPSON, JEFFREY D  
Address: P O BOX 959  
City-St-Zip: EVANSVILLE, IN 47706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK MILES

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

EXVP

04/22/2008

\_\_\_\_\_ Date