

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90015 002 \*\*\*550.00

**DOCUMENT # F00000002561**

1. Entity Name  
**AMTECK OF KENTUCKY, INC.**



Principal Place of Business  
**1084 E. NEW CIRCLE RD.  
LEXINGTON, KY 40505**

Mailing Address  
**PO BOX 55194  
LEXINGTON, KY 40555**

**24084450**



03052003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**61-0925360**

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 SOUTH 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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>OCEO</b>
NAME	<b>TURNER, RON</b>
STREET ADDRESS	<b>1084 E NEW CIRCLE RD.</b>
CITY-ST-ZIP	<b>LEXINGTON, KY 40505</b>

TITLE	<b>P</b>
NAME	<b>TURNER, DAREN</b>
STREET ADDRESS	<b>1084 E NEW CIRCLE RD.</b>
CITY-ST-ZIP	<b>LEXINGTON, KY 40505</b>

TITLE	
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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 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.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/31/04**

Date

Daytime Phone # \_\_\_\_\_