

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000006459

1. Entity Name
SPECTRABRACE, LTD. CORP.



Principal Place of Business Mailing Address
11802 BRINLEY AVENUE **11802 BRINLEY AVENUE**
LOUISVILLE, KY 40243 **LOUISVILLE, KY 40243**

DO NOT WRITE IN THIS SPACE



07262005 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1538883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T 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 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LESSER, WARREN P 11802 BRINLEY AVENUE LOUISVILLE, KY 40243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARDS, THOMAS A 11802 BRINLEY AVENUE LOUISVILLE, KY 40243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOLEY, IRVIN D 200 S. FIFTH STREET, SUITE 300 SOUTH LOUISVILLE, KY 40202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITEHEAD, GARY R 11802 BRINLEY AVENUE LOUISVILLE, KY 40243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: *Michelle Shirley* VP Finance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-05

Date

502 244-2774

Daytime Phone #