

# **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # F02000001110



Principal Place of Business	Mailing Address
<b>5540 NATIONAL TURNPIKE LOUISVILLE, KY 40214</b>	<b>5540 NATIONAL TURNPIKE LOUISVILLE, KY 40214</b>

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Count

**6. Name and Address of Current Registered Agent**

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 *Sonia of Dayton* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registers

7. Name and Address of New Registered Agent	
Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ _____ City _____ <b>FL</b> Zip Code _____	

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**FILE NOW!!! FEE IS \$150.00** **9. Election Campaign Financing** **\$5.00 May Be** **In accordance with s. 607.193(2)(b), F.S., the**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENEKE, J. DAVID 5540 NATIONAL TURNPIKE LOUISVILLE, KY 40214	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGM DOWNS, KENNETH R 5540 NATIONAL TURNPIKE LOUISVILLE, KY 40214	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENEKE, STEPHEN C 5540 NATIONAL TURNPIKE LOUISVILLE, KY 40214	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAUDILL, REDA W 5540 NATIONAL TURNPIKE LOUISVILLE, KY 40214	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, EDWIN H 101 SOUTH FIFTH STREET, SUITE 3300 LOUISVILLE, KY 40202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANFORD, E. HALSEY 5540 NATIONAL TURNPIKE LOUISVILLE, KY 40214	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: Reda W. Caudill REDA W. CAUDILL 9/7/05 502 367-6433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #