

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001346

FILED
Jan 06, 2004
Secretary of State

Entity Name: MORSEY, INC. OF KENTUCKY

Current Principal Place of Business:

959 DR. SMITH LANE
CALVERT CITY, KY 42029

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 558
CALVERT CITY, KY 42029

New Mailing Address:

FEI Number: 61-0566542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PC () Delete
Name: DONOHOO, MIKE
Address: 959 DR. SMITH LANE
City-St-Zip: CALVERT CITY, KY 42029

Title: VP () Delete
Name: SIENER, JASON
Address: 959 DR. SMITH LANE
City-St-Zip: CALVERT CITY, KY 42029

Title: S () Delete
Name: ROSE, GRETTA
Address: 959 DR. SMITH LANE
City-St-Zip: CALVERT CITY, KY 42029

Title: T () Delete
Name: HARPER, BILLY
Address: 959 DR. SMITH LANE
City-St-Zip: CALVERT CITY, KY 42029

Title: D () Delete
Name: HARPER, BILLY
Address: 616 NORTHVIEW
City-St-Zip: PADUCAH, KY 42001

Title: D () Delete
Name: SHUEMAKER, MARGEE
Address: 616 NORTHVIEW
City-St-Zip: PADUCAH, KY 42001

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIKE DONOHOO

P

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date