

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002935

Entity Name: RAMSEY & ASSOCIATES, INC.

FILED  
Jul 13, 2006  
Secretary of State

## Current Principal Place of Business:

147 HOWELL DRIVE  
ELIZABETHTOWN, KY 42701

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 888  
ELIZABETHTOWN, KY 42702

## New Mailing Address:

FEI Number: 61-1197581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, MONICA L  
207 YORKVILLE PLACE  
DEBARY, FL 32713 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: CP ( ) Delete  
Name: RAMSEY, STANLEY E  
Address: 146 POPLAR TRACE  
City-St-Zip: ELIZABETHTOWN, KY 42701

Title: DV ( ) Delete  
Name: MATTINGLY, TIMOTHY W  
Address: 214 POOLE MILL ROAD  
City-St-Zip: LEITCHFIELD, KY 42754

Title: DST ( ) Delete  
Name: COX, HUBERT L  
Address: 1181 HOLIDAY BEACH LANE  
City-St-Zip: MCDANIELS, KY 40152

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: HUBERT LEROY COX

DST

07/13/2006

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

\_\_\_\_\_  
Date