2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002935

Address:

City-St-Zip:

1181 HOLIDAY BEACH LANE

MCDANIELS, KY 40152

Entity Name: RAMSEY & ASSOCIATES, INC.

FILED Jan 14, 2009 Secretary of State

| | | 47.0000//TE0, 1140. | | | | | |
|---|---|--------------------------------|---|--|---------------------------|--------------|--|
| Current Principal Place of Business: | | | New Princi | New Principal Place of Business: | | | |
| | ELL DRIVE HTOWN, KY | 42701 | | | | | |
| Current Mailing Address: | | | New Mailin | New Mailing Address: | | | |
| PO BOX 8 ELIZABET | 88 HTOWN, KY | 42702 | | | | | |
| FEI Number | : 61-1197581 | FEI Number Applied For () | FEI Number Not Applic | able () | Certificate of Status Des | sired (X) | |
| Name and | Address of (| Current Registered Agent: | Name and A | Name and Address of New Registered Agent: | | | |
| SMITH, MO 207 YORK DEBARY, | VILLE PLACE | JS | | | | | |
| | named entity e of Florida. | submits this statement for the | purpose of changing its | s registered offi | ice or registered age | nt, or both, | |
| SIGNATU | RE: | | | | | | |
| | Electro | nic Signature of Registered Ag | jent | | Date | | |
| Election Car | npaign Financin | g Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | RAMSEY, STA 146 POPLAR 1 | | Title: Name: Address: City-St-Zip: | () (| Change () Addition | | |
| Title: Name: Address: City-St-Zip: | DV (MATTINGLY, T 214 POOLE M LEITCHFIELD, | LL ROAD | Title: Name: Address: City-St-Zip: | ()0 | Change () Addition | | |
| Title: Name: | DST (COX, HUBERT |) Delete L | Title: Name: | DST (X) C | Change () Addition | | |

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

902 LAKESIDE DRIVE

ELIZABETHTOWN, KY 42701

SIGNATURE: DEBBIE GIBSON DST 01/14/2009