


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005529

1. Entity Name
MHS COMPANY, INC. OF KENTUCKY



Principal Place of Business 2455 CRITTENDEN DRIVE LOUISVILLE, KY 40217	Mailing Address 2455 CRITTENDEN DRIVE LOUISVILLE, KY 40217
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1350369	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

PARMELEE, CHARLES
8600 WOODBRIAR DRIVE
SARASOTA, FL 34238

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	VP SMITH, WILLIAM A 11408 EASUM ROAD LOUISVILLE, KY 40289
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HENSON, ARTHUR J 6300 FIBLE LANE CRESTWOOD, KY 40014
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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: Arthur J. Henson DATE: 1-7-04 DAYTIME PHONE #: 502-637-3111