


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000006408	
1. Entity Name SPECTRUM INTERIORS, INC.	

Principal Place of Business 2652 CRESCENT SPRING ROAD ERLANGER, KY 41017	Mailing Address PO BOX 17653 CRESCENT SPRING, KY 41017
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DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1257012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KLEIER, CHARLES J III 6 DEMPSEY GLEN LANE SIMPSONVILLE, SC 29681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBISON, JEAN P 8201 KARA LANE HEBRON, KY 41048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLNITZEK, JEFFREY W 1804 HIGHLAND PIKE FT. WRIGHT, KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  2/14/05 859.331.2696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR