


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000001562	
1. Entity Name TRG, P.S.C.	

FILED
Aug 20, 2008 08:00 AM
Secretary of State

Principal Place of Business 239-C SOUTHLAND DRIVE LEXINGTON, KY 40503-1928	Mailing Address 239-C SOUTHLAND DRIVE LEXINGTON, KY 40503-1928
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07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1168297	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
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 re-stating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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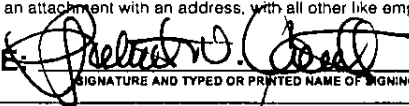
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORNETT, ROBERT W 455 BRANNON ROAD NICHOLASVILLE, KY 40356
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAYLOR, R. MARK 609 WEST SHORT STREET LEXINGTON, KY 40508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HILL, VAUGHN R 2365 ABBEYWOOD RD LEXINGTON, KY 40515
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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08/20/08-80002-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 	ROBERT W. CORNETT	8/15/08	559.276.2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #