

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90329 001 \*\*\*300.00

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03162005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F03000003012</b> 1. Entity Name <b>INSTITUTIONAL JOBBERS COMPANY</b>					
Principal Place of Business <b>4721 SINGLETON STATION RD LOUISVILLE, KY 37777</b>			Mailing Address <b>4721 SINGLETON STATION RD LOUISVILLE, KY 37777</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Louisville TN</b>			City & State <b>Louisville TN</b>		
Zip 			Zip 		
Country			Country		
4. FEI Number <b>62-0565914</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>PIERCE, ROBERT A. 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name <b>BARRY HOUGHTALEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>9569 DEER VALLEY DR.</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32312</b>		
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 <b>BARRY HOUGHTALEN GM</b> <i>[Signature]</i> <b>3/27/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KELLER, TILLMAN J III 721 SINGLETON STATION ROAD LOUISVILLE, KY 37777	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4721 Singleton Sta. Rd. Louisville, TN 37777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAIL, JAMES T 721 SINGLETON STATION ROAD LOUISVILLE, KY 37777	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AKERS, MICHAEL J 721 SINGLETON STATION ROAD LOUISVILLE, KY 37777	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLER, VINCENT T 721 SINGLETON STATION ROAD LOUISVILLE, KY 37777	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4721 Singleton Sta. Rd. Louisville, TN 37777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO Todd Kidd 4721 Singleton Sta. Rd. Louisville, TN 37777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Bonnie Daniels 4721 Singleton Sta. Rd. Louisville, TN 37777</b>
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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>4-19-05 865 8705417</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					