

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003012

FILED
Aug 03, 2007
Secretary of State

Entity Name: INSTITUTIONAL JOBBERS COMPANY

Current Principal Place of Business:

4721 SINGLETON STATION RD
LOUISVILLE, TN 37777

New Principal Place of Business:

Current Mailing Address:

4721 SINGLETON STATION RD
LOUISVILLE, TN 37777

New Mailing Address:

FEI Number: 62-0565914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUGHTALEN, BARRY
9569 DEER VALLEY DR
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

HOUGHTALEN, BARRY
4446 ENTREPOt BOULEVARD
TALLAHASSEE, FL 32310 US

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.

SIGNATURE:

08/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: KELLER, TILLMAN J III
Address: 4721 SINGLETON STATION RD
City-St-Zip: LOUISVILLE, TN 37777

Title: TD () Delete
Name: KELLER, VINCENT T
Address: 4721 SINGLETON STATION RD
City-St-Zip: LOUISVILLE, TN 37777

Title: CFO () Delete
Name: KIDD, TODD
Address: 4721 SINGLETON STATION RD
City-St-Zip: LOUISVILLE, TN 37777

Title: V () Delete
Name: HOFFMAN, COLMAN B
Address: 4721 SINGLETON STATION RD
City-St-Zip: LOUISVILLE, KY 37777

Title: D () Delete
Name: SOUTHERN, BRAD
Address: 414 UNION ST., SUITE1910
City-St-Zip: NASHVILLE, TN 37219

Title: D () Delete
Name: MARK, BRUIN
Address: 107 N. PENNSYLVANIA STREET, STE. 700
City-St-Zip: INDIANAPOLIS, IN 46204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: COLMAN B. HOFFMAN

VP

08/03/2007

Electronic Signature of Signing Officer or Director

Date