

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003012

Entity Name: INSTITUTIONAL JOBBERS COMPANY

FILED  
Aug 03, 2007  
Secretary of State

**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