


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # F05000002318	
1. Entity Name KIELY, HINES & ASSOCIATES INSURANCE AGENCY, INC.	

Principal Place of Business 215 BRECKINRIDGE LN P.O. BOX 7669 LOUISVILLE, KY 40257-0669	Mailing Address 215 BRECKINRIDGE LN P.O. BOX 7669 LOUISVILLE, KY 40257-0669
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DO NOT WRITE IN THIS SPACE

02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 61-0947056	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

REGIETERED AGENT SOLUTIONS, INC.
 1333 N. DUVAL STREET
 TALLHASSEE, FL 32303

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TRABUE, ELLEN K 215 BRECKINRIDGE LANE LOUISVILLE, KY 40207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RENAU, DONALD I 215 BRECKINRIDGE LANE LOUISVILLE, KY 402570669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV BOHN, JAMES A 215 BRECKINRIDGE LANE LOUISVILLE, KY 402570669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV BROWN, JAMES E 215 BRECKINRIDGE LANE LOUISVILLE, KY 402570669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BOHN, JAMES A 215 BRECKINGRIDGE LN LOUISVILLE, KY 402570669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/07-00064-015-150-00

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: *James A Bohn* 3/9/07 502-893-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #