

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002318

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: KIELY, HINES & ASSOCIATES INSURANCE AGENCY, INC.

## Current Principal Place of Business:

215 BRECKINRIDGE LN  
P.O. BOX 7669  
LOUISVILLE, KY 402570669

## New Principal Place of Business:

215 BRECKINRIDGE LN  
LOUISVILLE, KY 402570669

## Current Mailing Address:

215 BRECKINRIDGE LN  
P.O. BOX 7669  
LOUISVILLE, KY 402570669

## New Mailing Address:

P.O. BOX 7669  
LOUISVILLE, KY 402570669

FEI Number: 61-0947056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: TRABUE, ELLEN K  
Address: 215 BRECKINRIDGE LANE  
City-St-Zip: LOUISVILLE, KY 40207

Title: C (X) Delete  
Name: RENAU, DONALD I  
Address: 215 BRECKINRIDGE LANE  
City-St-Zip: LOUISVILLE, KY 402570669

Title: EV ( ) Delete  
Name: BOHN, JAMES A  
Address: 215 BRECKINRIDGE LANE  
City-St-Zip: LOUISVILLE, KY 402570669

Title: EV ( ) Delete  
Name: BROWN, JAMES E  
Address: 215 BRECKINRIDGE LANE  
City-St-Zip: LOUISVILLE, KY 402570669

Title: VST ( ) Delete  
Name: BOHN, JAMES A  
Address: 215 BRECKINRIDGE LN  
City-St-Zip: LOUISVILLE, KY 402570669

## 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:

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: JILL SHELTON

ADM

01/08/2008

Electronic Signature of Signing Officer or Director

Date