

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005354

Entity Name: RUST OF KENTUCKY, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

6051B FT. DENAUD ROAD
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

6524 U.S. 231 NORTH
CROMWELL, KY 42333

New Mailing Address:

6170 U.S. 231 NORTH
CROMWELL, KY 42333

FEI Number: 61-0924312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUST, LINDA L
632 HARBOR DRIVE
LABELLE, FL 33975 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: PC () Delete
Name: RUST, MARK A
Address: 1505 HUNTING CREEK COURT
City-St-Zip: OWENSBORO, KY 42303

Title: STD () Delete
Name: HAYDEN, CAROL S
Address: 3702 SOUTH COUNTY ROAD 50 E
City-St-Zip: VALLONIA, IN 47281

Title: D () Delete
Name: RUST, CHESTER J
Address: 632 HARBOR DRIVE
City-St-Zip: LABELLE, FL 33975

Title: D () Delete
Name: RUST, LINDA L
Address: 632 HARBOR DRIVE
City-St-Zip: LABELLE, FL 33975

Title: D () Delete
Name: RUST, MATTHEW J
Address: 8000 PERSIMMON LAKE DRIVE
City-St-Zip: SEYMOUR, IN 47274

Title: D () Delete
Name: ESSEX, LEAH D
Address: 5301 SOUTH POPLAR DRIVE
City-St-Zip: COLUMBUS, IN 47201

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
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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: MARK A. RUST

PC

01/19/2009

Electronic Signature of Signing Officer or Director

Date