


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000005659	
1. Entity Name DENHAM-BLYTHE COMPANY, INC.	

Principal Place of Business 100 TRADE STREET LEXINGTON, KY 40511	Mailing Address PO BOX 11636 LEXINGTON, KY 40576
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DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CRZE034 (11/05)

4. FEI Number 61-0902693	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS MUDD, ROBERT C 100 TRADE STREET LEXINGTON, KY 40511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COX, MICHAEL W 100 TRADE STREET LEXINGTON, KY 40511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEINER, DENIS G 100 TRADE STREET LEXINGTON, KY 40511
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U00000528445
05/05/06-80038-017 150.00

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 statements.

SIGNATURE:  **Robert C. Mudd** **4-18-06** **859/25-7405**
SIGNATURE MUST BE TYPED OR PRINTED, AND MUST BE SIGNED BY THE REGISTERED AGENT OR DIRECTOR Date Daytime Phone #