

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004076

FILED
Jan 31, 2008
Secretary of State

Entity Name: ECKMAN/FREEMAN & ASSOCIATES, INC.

Current Principal Place of Business:

3660 WALDEN DR - STE A
LEXINGTON, KY 40517

New Principal Place of Business:

Current Mailing Address:

P O BOX 910748
LEXINGTON, KY 40591

New Mailing Address:

FEI Number: 61-1084344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, CAROL
9 SEA WATCH
ORMOND BEACH, FL 32176 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: PSTC () Delete
Name: FREEMAN, CAROL
Address: 2212 VINEWOOD RD
City-St-Zip: LEXINGTON, KY 40515

Title: VPVC () Delete
Name: SOARD, WALLACE
Address: 2212 VINEWOOD RD
City-St-Zip: LEXINGTON, KY 40515

Title: D () Delete
Name: MICHELSEN, POLLY
Address: 2901 HOMEWOOD PLACE
City-St-Zip: LOUISVILLE, KY 40241

Title: D () Delete
Name: WHITEHOUSE, CINDY
Address: 1201 RAEFORD LANE
City-St-Zip: LEXINGTON, KY 40513

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:

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: POLLY MICHELSEN

D

01/31/2008

Electronic Signature of Signing Officer or Director

_____ Date