

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004578

Entity Name: J. CRAIG RIDDLE COMPANY

FILED  
Mar 27, 2009  
Secretary of State

**Current Principal Place of Business:**

245 S MAIN ST  
MADISONVILLE, KY 42431

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 549  
MADISONVILLE, KY 42431

**New Mailing Address:**

FEI Number: 61-0675084      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: STC ( ) Delete  
Name: RIDDLE, JAMES L  
Address: 401 COUNTRY CLUB LN  
City-St-Zip: MADISONVILLE, KY 42431

Title: VCDP ( ) Delete  
Name: RIDDLE, CHESLEY W JR  
Address: 2648 CLUB CT  
City-St-Zip: MADISONVILLE, KY 42431

Title: VPD ( ) Delete  
Name: BARGA, RAYMOND F  
Address: 156 SUWANEE DR  
City-St-Zip: GILBERTSVILLE, KY 420449039

Title: VPD ( ) Delete  
Name: MCGAW, BARRET H II  
Address: 350 PIN OAK LN  
City-St-Zip: MADISONVILLE, KY 42431

**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: JAMES L. RIDDLE

STC

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date