2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006250

Entity Name: UNITED SERVICE AGENCY, INC.

FILED Feb 20, 2007 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	ZER PARKWA ON, KY 40509				
Current Mailing Address:			New Maili	New Mailing Address:	
	ZER PARKWA ON, KY 40509	***			
FEI Number	: 61-0722174	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
1201 HAY	ATION SERVI S STREET SSEE, FL 323	CE COMPANY 101 US			
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing	its registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	CD (PUTNAM, DON 3475 BLAZER LEXINGTON, F	PARKWAY	Title: Name: Address: City-St-Zip:	CD (X) Change () Addition CHASE, PHILIP J 3475 BLAZER PARKWAY LEXINGTON, KY 40509	
Title: Name: Address: City-St-Zip:	P (CHASE, PHILI 3475 BLAZER LEXINGTON, F	PARKWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EVP (GOULD, GAR) 3475 BLAZER LEXINGTON, R	PARKWAY	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition HOLLIS, LONNIE E 3475 BLAZER PARKWAY LEXINGTON, KY 40509	
Title: Name: Address: City-St-Zip:	VP (HOLLIS, LONN 3475 BLAZER LEXINGTON, R	PARKWAY	Title: Name: Address: City-St-Zip:	S (X) Change () Addition FUGATE, SUE K 3475 BLAZER PARKWAY LEXINGTON, KY 40509	
Title: Name: Address: City-St-Zip:	ST (FUGATE, SUE 3475 BLAZER LEXINGTON, F	PARKWAY	Title: Name: Address: City-St-Zip:	T (X) Change () Addition FUGATE, SUE K 3475 BLAZER PARKWAY LEXINGTON, KY 40509	
Title: Name: Address:	D (X HUFF, DAVID 3475 BLAZER		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: LONNIE E HOLLIS VP 02/20/2007

LEXINGTON, KY 40509

City-St-Zip: