2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2008 8:00 am Secretary of State

	AN	TOAL I	KEPOKI	· · · · · · · · · · · · · · · · · · ·		1	Secret	arv	of St	ate
DOCU	MENT # F060	0000625	50				04-22-2008	•		
1. Entity Nam	ne SERVICE AGENCY	r. INC.								
		,		130						
Principal Plac	ce of Business		Mailing Address			1				
3475 BLAZER PARKWAY LEXINGTON, KY 40509			3475 BLAZER PARKWAY							
LEAINGTON,	NT 40009		LEXINGTON, KY 4050							HARRE AL ARRI
2. Principal F	Place of Business - No P.O.	Box # 13	. Mailing Address							
		J. DOX #							81) U 881 61 U 88	ITMAT IT IMAT
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04012008	Chg-P	CR2E	034 (12/06)	
City & Stat	te		City & State			4. FEI Numb 61-072			<u> </u>	oplied For ot Applicable
Zip	Country		Zip	Country		5. Certificate	of Status Desired		\$8.75 Add	
	6. Name and Address	of Current Reg	istered Agent			7. Name and	Address of New	Registered	Agent	
CORPORA	ATION SERVICE CO	MPANY		Name						
1201 HAYS STREET			Street Addr			s (P.O. Box Number is Not Acceptable)				
TALLAMA:	SSEE, FL 32301									
				City				FI	Zip Cod	e
	e named entity submits this tions of registered agent.	statement for the	purpose of changing its	registered office	or register	red agent, or bo	oth, in the State of F	lorida. I an	familiar with,	and accept
SIGNATURE.										
i	Signature, typed or printed name of	registered agent and tit	le il applicable. (NOT	E: Registered Agent sign	ature required	when reinstating)		DATE		<u></u>
	Signature, typed or printed name of				·			DATE		
FIL		50.00	9. Election Campa Trust Fund Cont	ign Financing	\$5	.00 May Be		DATE		
FIL	Signature, typed or printed name of E NOW!!! FEE IS \$1 ay 1, 2008 Fee will	50.00	9. Election Campa Trust Fund Cont	ign Financing	\$5	.00 May Be led to Fees	/CHANGES TO OF		D DIRECTOR	S IN 11
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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 empowered.

SIGNATURE:

4 des B Howard Secretary Itreosure

4/12/08

859-357-74