

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001103

FILED  
Jan 03, 2011  
Secretary of State

Entity Name: DIVISIONS, INC.

**Current Principal Place of Business:**

300 DAVE COWENS DR  
SUITE 510  
NEWPORT, KY 41070

**New Principal Place of Business:**

**Current Mailing Address:**

300 DAVE COWENS DR  
SUITE 510  
NEWPORT, KY 41070

**New Mailing Address:**

FEI Number: 61-1346414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: V  
Name: LACKEY, DOUG  
Address: 10508 SCARLET OAK CT  
City-St-Zip: LOUISVILLE, KY 40241

Title: P  
Name: MITCHELL, GARY  
Address: 270 RIDGEPOINTE  
City-St-Zip: COLD SPRINGS, KY 41076

Title: T  
Name: MITCHELL, GRANT  
Address: 117 HUNTER'S HILL  
City-St-Zip: ALEXANDRIA, KY 41001

Title: V  
Name: SAKSON, HUGO  
Address: 7549 DOGWOOD LANE  
City-St-Zip: FLORENCE, KY 41042

Title: S  
Name: SMITH, ANDY  
Address: 9 BLUE ROCK COURT  
City-St-Zip: ALEXANDRIA, KY 41001

I hereby 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 all other like empowered.

SIGNATURE: GARY MITCHELL

P

01/03/2011

Electronic Signature of Signing Officer or Director

Date