

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001785

Entity Name: OHIO VALLEY LAND COMPANY

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

166 60TH ST.
VIENNA, WV 26105

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5280
VIENNA, WV 26105

New Mailing Address:

FEI Number: 55-0392740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESBENSHADE, JOHN
1317 SE FORT KING ST.
OCALA, FL 34478 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: CS () Delete
Name: ESBENSHADE, HARRY H. JR.
Address: P.O. BOX 5280
City-St-Zip: VIENNA, WV 26105

Title: P () Delete
Name: KIRKBRIDE, ROBERT E.
Address: P.O. BOX 925
City-St-Zip: MARIETTA, OH 45750

Title: VT () Delete
Name: CAIN, MICHAEL D.
Address: P.O. BOX 5280
City-St-Zip: VIENNA, WV 26105

Title: D () Delete
Name: ESBENSHADE, HARRY H. III
Address: P.O. BOX 5280
City-St-Zip: VIENNA, WV 26105

Title: D () Delete
Name: ESBENSHADE, JOHN S.
Address: 1317 SE FORT KING ST.
City-St-Zip: OCALA, FL 34478

Title: D () Delete
Name: ESBENSHADE, WILLIAM D.
Address: 2833 S. COLORADO BLVD.
City-St-Zip: DENVER, CO 80222

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
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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: ROBERT E. KIRKBRIDE

PRES

02/18/2009

Electronic Signature of Signing Officer or Director

Date