


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/2

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

04-28-2008 90362 043 ***150.00

DOCUMENT # F07000003625			
1. Entity Name CAMPING WORLD INSURANCE SERVICES OF KENTUCKY, INC.			
Principal Place of Business 650 THREE SPRINGS ROAD BOWLING GREEN, KY 42104-7561		Mailing Address 650 THREE SPRINGS ROAD BOWLING GREEN, KY 42104-7561	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, STEPHEN	NAME	
STREET ADDRESS	2575 VISTA DEL MAR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	VENTURA, CA 93001	CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMONIS, MARCUS A	NAME	
STREET ADDRESS	250 PARKWAY DRIVE #320	STREET ADDRESS	
CITY-ST-ZIP	LINCOLNSHIRE, IL 60089	CITY-ST-ZIP	
TITLE	COO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGESS, MARK J	NAME	
STREET ADDRESS	650 THREE SPRINGS ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN, KY 421047561	CITY-ST-ZIP	
TITLE	EXVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, BRENT	NAME	
STREET ADDRESS	650 THREE SPRINGS ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN, KY 421047561	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DONALD P	NAME	
STREET ADDRESS	650 THREE SPRINGS ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN, KY 421047561	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORK, ROBERT T	NAME	
STREET ADDRESS	90 SOUTH SEVENTH STREET #5500	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	CITY-ST-ZIP	
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: _____		Date: 4-21-08 Daytime Phone #: 270-781-2718	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

00011300



04212008 Chg-P CR2E034 (12/06)

4. FEI Number **26-0745570** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

SIGNATURE _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, STEPHEN	NAME	
STREET ADDRESS	2575 VISTA DEL MAR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	VENTURA, CA 93001	CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMONIS, MARCUS A	NAME	
STREET ADDRESS	250 PARKWAY DRIVE #320	STREET ADDRESS	
CITY-ST-ZIP	LINCOLNSHIRE, IL 60089	CITY-ST-ZIP	
TITLE	COO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGESS, MARK J	NAME	
STREET ADDRESS	650 THREE SPRINGS ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN, KY 421047561	CITY-ST-ZIP	
TITLE	EXVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, BRENT	NAME	
STREET ADDRESS	650 THREE SPRINGS ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN, KY 421047561	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DONALD P	NAME	
STREET ADDRESS	650 THREE SPRINGS ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN, KY 421047561	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORK, ROBERT T	NAME	
STREET ADDRESS	90 SOUTH SEVENTH STREET #5500	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	CITY-ST-ZIP	

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: _____ Date: **4-21-08** Daytime Phone #: **270-781-2718**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR