

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90297 005 ***150.00

DOCUMENT # F49038

1. Entity Name
**CORPOREX DEVELOPMENT SERVICES OF FLORIDA,
INC.**



Principal Place of Business
**100 E RIVERCENTER BLVD
STE 1100
COVINGTON, KY 41011**

Mailing Address
**C/O CORPORATE SECRETARY
PO BOX 75020
CINCINNATI, OH 45275**

50051075



03212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 61-0966534		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTHPINE ISLAND RD 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PDT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, WILLIAM P			NAME			
STREET ADDRESS	100 E RIVERCENTER BLVD STE 1100			STREET ADDRESS			
CITY-ST-ZIP	COVINGTON, KY 41011			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIBLER, TODD W			NAME			
STREET ADDRESS	100 E RIVERCENTER BLVD., STE. 1100			STREET ADDRESS			
CITY-ST-ZIP	COVINGTON, KY 41011			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKHAM, J W			NAME			
STREET ADDRESS	100 E RIVERCENTER BLVD STE 1100			STREET ADDRESS			
CITY-ST-ZIP	COVINGTON, KY 41011			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, MARTIN			NAME			
STREET ADDRESS	50 E RIVERCENTER BLVD STE 1400			STREET ADDRESS			
CITY-ST-ZIP	COVINGTON, KY 41011			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS E BANTA			NAME			
STREET ADDRESS	100 E RIVERCENTER BLVD STE 1100			STREET ADDRESS			
CITY-ST-ZIP	COVINGTON, KY 41011			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Thomas Banta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #