

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F49038

FILED  
Mar 05, 2007  
Secretary of State

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

**Current Principal Place of Business:**

100 E RIVERCENTER BLVD  
STE 1100  
COVINGTON, KY 41011

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 61-0966534      **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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: BUTLER, WILLIAM P  
Address: 100 E RIVERCENTER BLVD STE 1100  
City-St-Zip: COVINGTON, KY 41011

Title: AS ( ) Delete  
Name: BUTLER, MARTIN  
Address: 50 E RIVERCENTER BLVD STE 1400  
City-St-Zip: COVINGTON, KY 41011

Title: VD ( ) Delete  
Name: THOMAS E BANTA,  
Address: 100 E RIVERCENTER BLVD STE 1100  
City-St-Zip: COVINGTON, KY 41011

Title: S ( ) Delete  
Name: CASTO, MELISSA  
Address: 100 E. RIVERCENTER BLVD., SUITE 1100  
City-St-Zip: COVINGTON, KY 41011

**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  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MELISSA CASTO

S

03/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date