2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008
Secretary of State

DOCUMENT# F49038

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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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	(X) 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 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: THERESE L. LUSBY DIRE 06/05/2008

Electronic Signature of Signing Officer or Director Date