

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F93000005157

FILED
Jun 05, 2009
Secretary of State**Entity Name:** R & L ENTERPRISES OF KENTUCKY, INC.**Current Principal Place of Business:**3208 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563**New Principal Place of Business:****Current Mailing Address:**3208 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563**New Mailing Address:****FEI Number:** 61-1232028**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBINSON, PAUL W
3208 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 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

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ROBINSON, PAUL G
Address: 3208 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

Title: PRES () Delete
Name: ROBINSON, PAUL W
Address: 3208 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

Title: VP () Delete
Name: DREYER, KATHY
Address: 3208 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: SEC () Change (X) Addition
Name: ROBINSON, MICHELLE
Address: 3208 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

Title: SER () Change (X) Addition
Name: ROBINSON, SUSAN J
Address: 3208 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

Title: SER () Change (X) Addition
Name: DREYER, RICHARD A
Address: 3208 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

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: KATHY DREYER

VP

06/05/2009

Electronic Signature of Signing Officer or Director

Date