2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001354

FILED Jan 19, 2009 Secretary of State

Entity Name: LUCKETT & FARLEY ARCHITECTS, ENGINEERS AND CONSTRUCTION MANAGERS, INCORPORATED

• • • • • • • • • • • • • • • • • • • •	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	RD STREET LE, KY 40202	US			
Current M	ailing Addres	s:	New Mailing Addre	ss:	
	RD STREET .E, KY 40202	US			
FEI Number:	61-0288490	FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
2731 EXE SUITE 4 WESTON,	VICES, INC. CUTIVE PARK FL 33331 US				
	named entity s of Florida.	ubmits this statement for the purp	oose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Agent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICER	S AND DIREC	IOPS:	ADDITIONS (CHANG		
		i Oito.	ADDITIONS/CHANC	SES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PRES () JERDONEK, ED 737 S. THIRD S LOUISVILLE, KY	Delete WARD C TREET	Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTOR () Change () Addition	
Name: Address:	JERDONEK, EC 737 S. THIRD S LOUISVILLE, K	Delete IWARD C TREET / 40202 Delete DA L TREET	Title: Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address:	JERDONEK, ED 737 S. THIRD S LOUISVILLE, K' VP () GATES, BELINE 737 S. THIRD S LOUISVILLE, K'	Delete WARD C TREET (40202 Delete DA L TREET (40202 Delete ERT J TREET	Title: Name: Address: City-St-Zip: Title: Name: Address:		

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: GAIL MILLER VP 01/19/2009