

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005707

FILED  
Apr 11, 2011  
Secretary of State

Entity Name: B.L. SPILLE CONSTRUCTION, INC.

## Current Principal Place of Business:

3140 CRESCENT AVENUE  
ERLANGER, KY 41018 30

## New Principal Place of Business:

3140 CRESCENT AVENUE  
P. O. BOX 18697  
ERLANGER, KY 410180697

## Current Mailing Address:

P. O. BOX 18697  
ERLANGER, KY 41018 06

## New Mailing Address:

P. O. BOX 18697  
ERLANGER, KY 410180697

FEI Number: 61-0606541

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

## OFFICERS AND DIRECTORS:

Title: TRSR  
Name: HASKINS, GARY  
Address: 3140 CRESCENT AVENUE  
City-St-Zip: ERLANGER, KY 41018

Title: PCD  
Name: HUSER, GEORGE A SR  
Address: 1206 ORIOLE CT  
City-St-Zip: EDGEWOOD, KY 41017

Title: VSD  
Name: HUSER, GEORGE A JR  
Address: 865 ASHRIDGE COURT  
City-St-Zip: ERLANGER, KY 41018

Title: BMEM  
Name: SMILEY, ROBERT  
Address: 3422 MEADOWLARK DRIVE  
City-St-Zip: EDGEWOOD, KY 41018

Title: BMEM  
Name: RUNCK, III, RENO  
Address: 5640 BELMONT AVENUE  
City-St-Zip: CINCINNATI, OH 45224 31

I hereby 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 all other like empowered.

SIGNATURE: GARY HASKINS

TREA

04/11/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date