

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000002024

1. Entity Name  
THE DREES COMPANY



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT -1 PM 12:29

Principal Place of Business  
211 GRANDVIEW DRIVE  
FT MITCHELL, KY 41017

Mailing Address  
211 GRANDVIEW DRIVE  
FT MITCHELL, KY 41017



09292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
61-0675670

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DREES, PHILIP 1055 THORNWILDE DR HEBRON, KY 41048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HERBST, LAWRENCE 1873 WEXWOOD LANE CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD DREES, RALPH 22-A LINDEN HILL DR CRESCENT SPRINGS, KY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO DREES, DAVID 22-B LINDEN HILL DRIVE CRESCENT SPRINGS, KY 41017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILTZ, L T 50 E RIVERCENTER BLVD #1550 COVINGTON, KY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUCAS, KENNETH R 50 E RIVERCENTER BLVD, #1600 COVINGTON, KY

900041556949  
10/04/04--01014--020 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence G. Herbst*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE G. HERBST

9-29-04

Date

859-578-4209

Daytime Phone #