


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000000980  
1. Entity Name  
FASIG-TIPTON KENTUCKY, INC.



Principal Place of Business      Mailing Address  
2400 NEWTOWN PIKE      2400 NEWTOWN PIKE  
LEXINGTON, KY 40511      LEXINGTON, KY 40511

**DO NOT WRITE IN THIS SPACE**



04132005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
11-2216166      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
PENNY, PETER  
3641 SE 22 AV  
OCALA, FL 34471

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

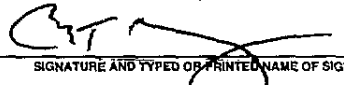
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBERTSON, WALTER S
STREET ADDRESS	2400 NEWTOWN PIKE
CITY-ST-ZIP	LEXINGTON, KY 40511
TITLE	COOV
NAME	BROWNING, BOYD T JR
STREET ADDRESS	2400 NEWTOWN PIKE
CITY-ST-ZIP	LEXINGTON, KY 40511
TITLE	D
NAME	GRIGGS, JOHNNY K DR
STREET ADDRESS	1409 FERGUSON ROAD
CITY-ST-ZIP	LEXINGTON, KY 40511
TITLE	D
NAME	VANCLIEF, DANIEL G JR
STREET ADDRESS	3155 KEENE RD
CITY-ST-ZIP	NICHOLASVILLE, KY 40356
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000326181  
04/23/05-80047-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Boyd T. Browning Jr      4/20/05      859-255-1555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #