


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000000980</b> 1. Entity Name FASIG-TIPTON KENTUCKY, INC.	
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Principal Place of Business 2400 NEWTOWN PIKE LEXINGTON, KY 40511	Mailing Address 2400 NEWTOWN PIKE LEXINGTON, KY 40511
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04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-2216166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000552727 05/15/06-80020-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROBERTSON, WALTER S 2400 NEWTOWN PIKE LEXINGTON, KY 40511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COOV BROWNING, BOYD T JR 2400 NEWTOWN PIKE LEXINGTON, KY 40511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIGGS, JOHNNY K DR 1409 FERGUSON ROAD LEXINGTON, KY 40511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VANCLIEF, DANIEL G JR 3155 KEENE RD NICHOLASVILLE, KY 40356
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **4/26/06 859-255-1555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #