2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2007 08:00 Al

1. Entity Nam	MENT # F980000098	80		Page of the state	· Sec	retary of Sta	
Principal Plac 2400 NEWTO LEXINGTON,	OWN PIKE	tailing Address 2400 NEWTOWN PIKE LEXINGTON, KY 40511	.2.				
C	OO NOT WRITE I	N THIS SPA	CE	02132007 4. FEI Number 11-22161 5. Certificate of 3	No Chg-P C	R2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current Regi	stered Agent		<u>. </u>	74 77 <u>3 1. 8</u> 1		
PENNY, PETER 3641 SE 22 AV OCALA, FL 34471			DO NOT WRITE IN THIS SPACE				
the obligat	e named entity submits this statement for the tions of registered agent. Signature, typed or oranted name of registered agent and this E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		red Agent signature réquired			I am Iamiliar with, and accept	
10.	OFFICERS AND DIRE	CTORS	T			y	
TITLE NAME STREET ADDRESS CITY-ST. ZIP TITLE NAME STREET ADDRESS	PD ROBERTSON, WALTER S 2400 NEWTOWN PIKE LEXINGTON, KY 40511 COO'V BROWNING, BOYD T JR 2400 NEWTOWN PIKE				900000 02/27/07-)668533 -80034-017 150.0	
CITY ST-ZIP ITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP	LEXINGTON, KY 40511 D GRIGGS, JOHNNY K DR 1409 FERGUSON ROAD LEXINGTON, KY 40511 D VANCLIEF, DANIEL G JR 3155 KEENE RD NICHOLASVILLE, KY 40356		_	 -	NOT WR	ITE	
STREET ADDRESS	3155 KEENE RD	 	_	31 W X I	O: A	~ -	

12. I hereby certify that the information supplied with this filling does not quality 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 it 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 charged, or on an attachment with an address, with all other like empowered.

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NAME STREET ADDRESS CHY-ST-ZIP HTLE NAME STREET ADDRESS CHTY-ST-ZIP



SIGNATURE AND TREED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07

Date

Daytime Phone *