2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

| 1. Entity Nan THFL, IN | ICORPORATED | Mailing Address | | | ecretary of Stat | |
|--|--|---|---------------------------------------|---|--|--|
| 11035 PHIL IACKSONVIL | LLPS HWY LE, FL 32256 | 9409 SHELBYVILLE RD LOUISVILLE, KY 40223 | · · · · · · · · · · · · · · · · · · · | | | |
| E | OO NOT WRITI | E IN THIS SPA | ICE | 04232005 No Chg-P 4. FEI Number 61-1292661 5. Certificate of Status Desired | CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | | ree required | |
| 11035 PH | RTY, DAN ILLIPS HIGHWAY IVILLE, FL 32256 | | | DO NOT WRITE IN THIS SPACE | | |
| | e named entity submits this statement tions of registered agent. | or the purpose of changing its registe | | A PART OF FROM | orida. I am familiar with, and accept | |
| SIGNATURE Signature, typed or printed name of registered agent and the it applicable. (NDTE. Registered Agent signature required when reinstating). DATE | | | | | | |
| Fil After M | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550 | <u>: 1 </u> | | 00 May Be ed to Fees | | |
| 10. | OFFICERS AND | DIRECTORS | | المراجع المستعمل والمستعمل المستعمل | } | |
| NAME STREET ADDRESS CITY-ST-ZIP | DOUGHERTY, DAN 9409 SHELBYVILLE RD LOUISVILLE, KY 40222_ | | | <u> </u> | 00337781 5-80010-009 150.00 | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | . dm | | V47267U | 5-50010 1001 130100 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | =DO NOT W | /RITE | |
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| TRILE NAME STREET ADDRESS CITY-ST-ZIP | 21 | <u> </u> | | | ورد درد درد درد میشد. | |
| 12. I hereby certify that the information supplied with this filling 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 required or trustee emptylered 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, why all other like empowered. SIGNATURE: **Comparison of the composition of the 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, why all other like empowered. **SIGNATURE:** **Comparison of the comparison of the compari | | | | | | |