

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90112 036 \*\*\*150.00

**DOCUMENT # F99000004067**

1. Entity Name  
**FACILITY SERVICES OF KENTUCKY, INC.**



Principal Place of Business  
**1611 S. MAIN STREET  
SUITE 10  
HOPKINSVILLE, KY 42240**

Mailing Address  
**1611 S. MAIN STREET  
SUITE 10  
HOPKINSVILLE, KY 42240**

**66011860**



02162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**61-1265365**

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$650.00**

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	PCS PRESLEY, CAROLYN N 1611 S. MAIN ST., STE. 10 HOPKINSVILLE, KY 42240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRESLEY, MARTHA K 1611 MAIN ST., STE 10 HOPKINSVILLE, KY 42240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Presley, Michael H. 1611 S. Main St., Ste. 10 Hopkinsville KY 42240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/05 (270)885-5878**

Date

Daytime Phone