

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

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



03012007 No Chg-P CR2E034 (11/05)

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

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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

U00000654465
03/13/07-80063-015 150.00

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

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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: *Carolyn N. Presley* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/07 (270) 885-5878
Date Daytime Phone #