

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90077 036 \*\*\*150.00

<b>DOCUMENT # F99000004067</b>					
<b>1. Entity Name</b> FACILITY SERVICES OF KENTUCKY, INC.					
<b>Principal Place of Business</b> 1611 S. MAIN STREET SUITE 10 HOPKINSVILLE, KY 42240			<b>Mailing Address</b> 1611 S. MAIN STREET SUITE 10 HOPKINSVILLE, KY 42240		
<b>2. Principal Place of Business - No P.O. Box #</b> 1031 Progress Drive		<b>3. Mailing Address</b> 1031 Progress Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Clarksville, TN		<b>City &amp; State</b> Clarksville, TN		<b>4. FEI Number</b> 61-1265365	
<b>Zip</b> 37040		<b>Country</b> Montgomery		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>5. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PCS PRESLEY, CAROLYN N 1611 S. MAIN ST., STE. 10 HOPKINSVILLE, KY 42240	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Same 1031 Progress Dr. Clarksville, TN 37040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S PRESLEY, MARTHA K 1611 MAIN ST., STE 10 HOPKINSVILLE, KY 42240	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Same 1031 Progress Dr. Clarksville, TN 37040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T PRESLEY, MICHAEL H 1611 S MAIN ST, STE 10 HOPKINSVILLE, KY 42240	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Same 1031 Progress Dr. Clarksville, TN 37040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Carolyn N. Presley</u> <u>2/13/08</u> <u>(931) 552-7044</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					