


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90042 045 ***150.00

DOCUMENT # F99000005850					
1. Entity Name PEYTON'S-SOUTHEASTERN, INC.					
Principal Place of Business 1014 VINE STREET CINCINNATI OH 45202			Mailing Address 1014 VINE STREET CINCINNATI OH 45202		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 61-0942129	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICE, J. ROBERT		NAME		
STREET ADDRESS	310 WHITTINGTON PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40222		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NABBERFELT, MARC		NAME		
STREET ADDRESS	310 WHITTINGTON PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40222		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DONNELLY, MICHAEL J		NAME	VPD/AS	
STREET ADDRESS	500 S. 99TH AVE		STREET ADDRESS	GACK, BRUCE M.	
CITY-ST-ZIP	TOLLESON AZ 85353		CITY-ST-ZIP	1014 VINE ST.	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	CINCINNATI, OH 45220-1100	
NAME	HELDMAN, PAUL W		NAME	V/AS/D	
STREET ADDRESS	1014 VINE ST		STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	CINCINNATI OH 45202-1100		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, SCOTT M		NAME		
STREET ADDRESS	1014 VINE STREET		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45202-1100		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMULLEN, W. RODNEY		NAME		
STREET ADDRESS	1014 VINE STREET		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45202		CITY-ST-ZIP		
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: <u>Thomas A. Smith/AT</u> <u>2/26/04</u> <u>(513) 762-4401</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



MOORE CR2E034 (11/03)

see attached