

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J00493

1. Entity Name  
NTS REALTY COMPANY OF FLORIDA



Principal Place of Business  
C/O NTS CORPORATION  
10172 LINN STATION ROAD  
LOUISVILLE, KY 40223

Mailing Address  
C/O NTS CORPORATION  
10172 LINN STATION ROAD  
LOUISVILLE, KY 40223

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HEEKIN, JAMES JR  
215 N EOLA DR  
ORLANDO, FL 32801

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

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**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
NICHOLS, J. D. ☐ Delete  
10172 LINN STATION RD.  
LOUISVILLE, KY 40223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVP  
WELLS, GREGORY ☐ Delete  
10172 LINN STATION ROAD  
LOUISVILLE, KY 40223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
LAVIN, BRIAN F ☐ Delete  
10172 LINN STATION RD  
LOUISVILLE, KY 40223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
HOWARD, SUSAN M ☐ Delete  
10172 LINN STATION ROAD  
LOUISVILLE, KY 40223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPAT  
MITCHELL, NEIL A ☐ Delete  
10172 LINN STATION ROAD  
LOUISVILLE, KY 40233

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000000737294  
05/11/07-80022-008 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Susan M. Howard* VP/Sec  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Susan M. Howard*  
Vice Pres / Secretary

Date

4/10/07 (502) 426-4800  
Daytime Phone #

POSTING AUTHORIZATION

Date \_\_\_\_\_  
Profit Center \_\_\_\_\_  
Account Code **FILED**  
Job Cost **Apr 27, 2007 08:00 A**  
Property / Project Manager **Secretary of State**  
Property / Project Senior Manager \_\_\_\_\_

Accountant \_\_\_\_\_ Date \_\_\_\_\_  
Acctg Manager \_\_\_\_\_ Date \_\_\_\_\_  
Acctg Manager \_\_\_\_\_ Date \_\_\_\_\_



01042007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-2698270  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**