


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90295 044 \*\*\*150.00

<b>DOCUMENT # L99510</b> 1. Entity Name <b>VFR CORPORATION</b>					
Principal Place of Business <b>6110 NORTH OCEAN BLVD. UNIT 37 BOYNTON BEACH, FL 33435 US</b>			Mailing Address <b>10172 LINN STATION ROAD STE 200 LOUISVILLE, KY 40223 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03212005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-0215427</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b>    Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>DPT NICHOLS, J.D. 10172 LINN STATION ROAD LOUISVILLE, KY 40223</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VPS THURMAN, RICHARD 10000 SHELBYVILLE RD LOUISVILLE, KY</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D THURMAN, RICHARD 10000 SHELBYVILLE RD LOUISVILLE, KY</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>AS HOWARD, SUSAN M 10172 LINN STATION ROAD LOUISVILLE, KY 40223</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <i>Susan M Howard, Assistant Secretary</i> 4/18/05    (502) 426-4800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small> <i>Susan M. Howard, Assistant Secretary</i>					