


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90318 002 \*\*\*150.00

<b>DOCUMENT # L99510</b> 1. Entity Name VFR CORPORATION	
---	---

Principal Place of Business 6110 NORTH OCEAN BLVD. UNIT 37 BOYNTON BEACH, FL 33435 US	Mailing Address 10172 LINN STATION ROAD STE 200 LOUISVILLE, KY 40223 US
--	--

**DO NOT WRITE IN THIS SPACE**

40071643



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0215427	Applied For 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  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
--

**DO NOT WRITE  
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, 2006 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	DPT NICHOLS, J.D. 10172 LINN STATION ROAD LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS THURMAN, RICHARD 10000 SHELBYVILLE RD LOUISVILLE, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURMAN, RICHARD 10000 SHELBYVILLE RD LOUISVILLE, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOWARD, SUSAN M 10172 LINN STATION ROAD LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:

*Susan M. Howard, Asst. Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date

(502) 426-4800

Daytime Phone #

*Susan M. Howard, Assistant Secretary*