

2007 FOR PROFIT CORPORATION ANNUAL REPORT

POSTING AUTHORIZATION

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

DOCUMENT # L99510

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

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



01042007 Chg-P CR2E034 (12/06)

4. FEI Number

65-0215427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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 _____ ☐ Delete
 NAME DPT
 STREET ADDRESS NICHOLS, J.D.
 CITY-ST-ZIP 10172 LINN STATION ROAD
 LOUISVILLE, KY 40223

TITLE _____ ☐ Delete
 NAME VPS
 STREET ADDRESS THURMAN, RICHARD
 CITY-ST-ZIP 10000 SHELBYVILLE RD
 LOUISVILLE, KY

TITLE _____ ☐ Delete
 NAME D
 STREET ADDRESS THURMAN, RICHARD
 CITY-ST-ZIP 10000 SHELBYVILLE RD
 LOUISVILLE, KY

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

TITLE _____ ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE _____ ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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. Sec.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan M. Howard 4/10/07 (502) 426-4800
 Asst. Secretary

Date

Daytime Phone #