

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90029 038 ***150.00

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



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0215427	Applied For Not Applicable
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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

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, 2008 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 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURMAN, RICHARD 10000 SHELBYVILLE RD LOUISVILLE, KY 40223
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 Sec* *Susan M. Howard, Asst. Sec* 11/4/2008 (502)426-4800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #