

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000104846

1. Entity Name
CVC PROPERTIES, INC.



Principal Place of Business
4081 INDIAN BAYOU NORTH
DESTINE, FL 32541

Mailing Address
3745 WAMBLEY LANE
LEXINGTON, KY 40515

DO NOT WRITE IN THIS SPACE



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0633408

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLE, BILL
4081 INDIAN BAYOU NORTH
DESTINE, FL 32541

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLE, BILL
STREET ADDRESS	4081 INDIAN BAYOU NORTH
CITY - ST - ZIP	DESTINE, FL 32541
TITLE	VP
NAME	VEITH III, JOHN
STREET ADDRESS	2105 SHELTON ROAD
CITY - ST - ZIP	LEXINGTON, KY 40515
TITLE	ST
NAME	COLDIRON, JAMIE
STREET ADDRESS	3745 WIMBLEY LANE
CITY - ST - ZIP	LEXINGTON, KY 40515
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/21/05-80047-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jamie Coldiron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMIE COLDIRON SEC

3/15/05

859 263 5621

Date

Daytime Phone #