

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000014463	
1. Entity Name KENTUCKY CENTRAL ENERGY CORPORATION	



FILED

05 SEP -7 PM 3:31

100058376761 DATE
09/07/05--01010--003 **900.00



09012005 REIN-P CR2E098 (6/04)

Principal Place of Business 14750 BEACH BLVD. #47 JACKSONVILLE, FL 32250 US	Mailing Address 14750 BEACH BLVD. #47 JACKSONVILLE, FL 32250 US
---	---

2. Principal Place of Business 106 McNaron Lane	3. Mailing Address 106 McNaron Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Mooresville, NC	City & State Mooresville, NC
Zip 28117	Country USA
Zip 28117	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent LINDLEY, GUY T 14750 BEACH BLVD. #47 JACKSONVILLE, FL 32250	
---	--

7. Name and Address of New Registered Agent Name E.H.G. Resident Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 5100 Town Center Circle, Suite 430 City Boca Raton FL Zip Code 33486	
---	--

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	Edward H. Gilbert, Pres. 9/2/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$900.00	
------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINDLEY, GUY T 14750 BEACH BLVD., #47 JACKSONVILLE, FL 32250 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lindley, Guy T. 106 McNaron Lane Mooresville, NC 28117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Katherine J. Hinman 106 McNaron Lane Mooresville, NC 28117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE:	Guy T. Lindley, Pres. 9/2/05 561-626-5742
Signature and typed or printed name of signing officer or director Date Daytime Phone #	