

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000173607

FILED
Jan 09, 2006
Secretary of State

Entity Name: CRIMSON MANAGEMENT CORPORATION

Current Principal Place of Business:

280 GULFSHORE DRIVE
UNIT 343
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

166 PROSPEROUS PLACE
SUITE 200
LEXINGTON, KY 40509

New Mailing Address:

3229 SUMMIT SQUARE PLACE
SUITE 210
LEXINGTON, KY 40509

FEI Number: 61-1085165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOBO, DAVID L
280 GULFSHORE DRIVE
UNIT 343
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOBO, DAVID L
Address: 280 GULFSHORE DRIVE UNIT 343
City-St-Zip: DESTIN, FL 32541 US

Title: VP () Delete
Name: WIESE, DAVID T VP
Address: 166 PROSPEROUS PLACE
City-St-Zip: LEXINGTON, KY 40509 US

Title: TREA () Delete
Name: MALICOTE, BILLIE L TREAS
Address: 166 PROSPEROUS PLACE
City-St-Zip: LEXINGTON, KY 40509 US

Title: SEC () Delete
Name: TURNER, MICHELLE B SEC
Address: 166 PROSPEROUS PLACE
City-St-Zip: LEXINGTON, KY 40509 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WIESE, DAVID T VP
Address: 3117 HELMSDALE PLACE
City-St-Zip: LEXINGTON, KY 40509 US

Title: TREA (X) Change () Addition
Name: MALICOTE, BILLIE L TREAS
Address: 133 CROWE LANE
City-St-Zip: NICHOLASVILLE, KY 40356 US

Title: SEC (X) Change () Addition
Name: TURNER, MICHELLE B SEC
Address: 1164 TABORLAKE DRIVE
City-St-Zip: LEXINGTON, KY 40502 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. BOBO

D

01/09/2006

Electronic Signature of Signing Officer or Director

Date