

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90191 013 ***150.00

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03222006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3975126** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAFT, STUART J ESQ
C.O ALLEY MAASS ROGERS & LINDSAY, P.A.
340 ROYAL POINCIANA WAY STE 321
PALM BEACH, FL 33480

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, J.D.
STREET ADDRESS	10172 LINN STATION ROAD
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	<input type="checkbox"/> Delete
NAME	LAVIN, BRIAN F
STREET ADDRESS	10172 LINN STATION ROAD
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	<input type="checkbox"/> Delete
NAME	EVP
STREET ADDRESS	WELLS, GREGORY A
CITY-ST-ZIP	10172 LINN STATION ROAD
TITLE	<input type="checkbox"/> Delete
NAME	VPT
STREET ADDRESS	PITCHFORD, DAVID B
CITY-ST-ZIP	10172 LINN STATION ROAD
TITLE	<input type="checkbox"/> Delete
NAME	VPS
STREET ADDRESS	HOWARD, SUSAN M
CITY-ST-ZIP	10172 LINN STATION ROAD
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director / Chairman
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director / President
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, VP/Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06
Date

(502)426-4800
Daytime Phone #

Susan M. Howard, VP/Secretary