

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90311 016 ***150.00

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03212005 Chg-P CR2E034 (10/03)

DOCUMENT # P05990			
1. Entity Name NTS CAPITAL CORPORATION		Principal Place of Business 10172 LINN STATION RD. LOUISVILLE, KY 40223	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10172 LINN STATION RD. LOUISVILLE, KY 40223	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 61-0962230		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC NICHOLS, J D 10172 LINN STATION ROAD LOUISVILLE, KY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treasurer David B. Pitchford 10172 Linn Station Rd. Louisville, KY 40223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV WELLS, GREGORY A 10172 LIN STATION ROAD LOUISVILLE, KY 40223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC J.D. Nichols 10172 Linn Station Rd. Louisville, KY 40223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOWARD, SUSAN M 10172 LINN STATION RD. LOUISVILLE, KY 40223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive V.P. Gregory A. Wells 10172 Linn Station Rd. Louisville, KY 40223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVIN, BRIAN F 10172 LINN STATION ROAD LOUISVILLE, KY 40223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MITCHELL, NEIL A 10172 LINN STATION RD LOUISVILLE, KY 40223 <input checked="" type="checkbox"/> Delete	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"/> Delete	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: <i>Susan M. Howard, Secretary</i>		4/12/05 (502) 426-4800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
Susan M. Howard, Secretary			