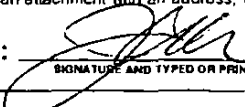


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

02-27-2007 90009 012 ***150.00

DOCUMENT # P06000074859 1. Entity Name A-R KENTUCKY PROPERTY CORPORATION					
Principal Place of Business 5070 N HIGHWAY A-1-A SUITE 200 VERO BEACH FL 32963			Mailing Address 5070 N HIGHWAY A-1-A SUITE 200 VERO BEACH FL 32963		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-8716807	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TAYLOR, J. ATWOOD III 5070 N HIGHWAY A-1-A SUITE 200 VERO BEACH FL 32963				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY ST ZIP	DP TAYLOR, JAMES A JR 249 LANDMARK CIRCLE ORMOND BEACH FL 32176	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	DVST TAYLOR, RAYMOND V 605 CLAYTON ST ORLANDO FL 32804	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	(Empty)	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  JAMES A. TAYLOR, JR. 2/5/2007 386-677-2348 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					