


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000085241</b> 1. Entity Name <b>HAIL &amp; COTTON, INC.</b>	
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Principal Place of Business <b>2000 WARRINGTON WAY, STE. 163 LOUISVILLE, KY 40222</b>	Mailing Address <b>2000 WARRINGTON WAY, STE. 163 LOUISVILLE, KY 40222</b>
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01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>61-0214690</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>FALK, JACK A. JR. 550 BILTMORE WAY, STE. 810 DUNWODY, WHITE &amp; LONDON, P.A. CORAL GABLES, FL 33134</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 renouncing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000783566 01/16/08-80020-007 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GHEE, JOHN 1898 SE PT. ST. LUCIE BLVD. PT. ST. LUCIE, FL 34952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST MURR, ANTHONY W. 2000 WARRINGTON WAY, STE. 163 LOUISVILLE, KY 40222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WARREN, CORBIN 2000 WARRING TO WAY STE 163 LOUISVILLE, KY 40222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Anthony W. Murr* **ANTHONY W. MURR** 1/4/08 502-561-0070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #