


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90050 016 ***150.00

DOCUMENT # P06345 1. Entity Name MARKSBURY CORNETT ENGINEERING CORPORATION	
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Principal Place of Business 804N.ENGLISHSTATIONROAD P.O.BOX43517 LOUISVILLE,KY40253-7517	Mailing Address 804N.ENGLISHSTATIONROAD P.O.BOX43517 LOUISVILLE,KY40253-0517US
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01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1031784	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 MARKSBURY, JERRY S 5921 SW FIRST AVE. CAPE CORAL, FL 33914
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**DO NOT WRITE
IN THIS SPACE**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JERRY, MARKSBURY S JR. 12715 CRESTMOOR CIR. PROSPECT, KY 40059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARKSBURY, WILLIAM C PO BOX 436944 LOUISVILLE, KY 40253
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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:  **1-18-06** **502 244-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jerry S. Marksbury Jr.