


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P26546</b> 1. Entity Name INVESTMENT BANK SERVICES, INC.	
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Principal Place of Business 6200 DUTCHMANS LANE LOUISVILLE, KY 40205	Mailing Address 6200 DUTCHMANS LANE LOUISVILLE, KY 40205
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DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>  TUCKER, BRANCHARD 6500 N.W. 118TH STREET ROAD REDDICK, FL 32686
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000891983 04/23/08-80047-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARGROVE, CHRISTOPHER L. 12808 CREEKBEND COURT PROSPECT, KY 40059
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RAPIER, SUSAN S. 176 MANN DRIVE BARDSTOWN, KY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE  
IN THIS SPACE

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.

<b>SIGNATURE:</b> 	Christopher L. Hargrove 04-08-08 502-451-6633
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>