


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90032 011 ***150.00

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| DOCUMENT # P94000092974 |  |
| 1. Entity Name HONTOON MANAGEMENT CORPORATION | |

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| Principal Place of Business 5400 RANDOM WAY SUITE 9 LOUISVILLE, KY 40291 US | Mailing Address 5400 RANDOM WAY SUITE 9 LOUISVILLE, KY 40291 US |
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| 2. Principal Place of Business 5400 RANDOM WAY Suite, Apt. #, etc. | 3. Mailing Address 5400 RANDOM WAY Suite, Apt. #, etc. |
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| City & State LOUISVILLE, KY | City & State LOUISVILLE, KY |
| Zip 40291 Country USA | Zip 40291 Country USA |

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| 6. Name and Address of Current Registered Agent STOMBERG, APRIL 32444 RANCHERO RD. DELAND, FL 32720 | | 7. Name and Address of New Registered Agent Name STOMBERG, APRIL Street Address (P.O. Box Number is Not Acceptable) 32444 RANCHERO RD. City DELAND, FL Zip Code 32720 | |
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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 reissuing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARTER, GARY L P.O. BOX 666 N/A MONTICELLO, KY 42633 <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 | D SCOTT, JERRY L 1013 BURNING SPRINGS DR 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 | D MOTSCH, WILLIAM A 5400 RANDOM WAY LOUISVILLE, KY 40291 <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 | <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 | <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 | <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: William A. Motsch, V.P. **2/15/04** **(502) 499-1835**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #