

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092974

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: HONTOON MANAGEMENT CORPORATION

**Current Principal Place of Business:**

5400 RANDOM WAY  
LOUISVILLE, KY 40291 US

**New Principal Place of Business:**

**Current Mailing Address:**

5400 RANDOM WAY  
LOUISVILLE, KY 40291 US

**New Mailing Address:**

FEI Number: 59-3300068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOMBERG, APRIL  
32444 RANCHE RD  
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARTER, GARY L  
Address: 950 S GARCIA BOX 396  
City-St-Zip: PORT ISABEL, TX 78578

Title: D ( ) Delete  
Name: SCOTT, JERRY L  
Address: 10103 DORSEY HILL RD  
City-St-Zip: LOUISVILLE, KY 40223

Title: D ( ) Delete  
Name: MOTSCH, WILLIAM A  
Address: 5400 RANDOM WAY  
City-St-Zip: LOUISVILLE, KY 40291

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. MOTSCH

VP

02/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date