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COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE **ANNUAL REPORT DUE JUNE 30, 2006**



ORGANIZATION ID #

0602393

STATE OR COUNTRY OF INCORPORATION

ORGANIZATION DATE

12/30/2004 RECEIVED

FILING FEE

\$15.00

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

AAA HARDWOOD, INC.

SECRETARY OF STATE COMMONWEALTH OF KY

6005 GLORIA LANE	ο, γ λ
LOUISVILLE, KY 40213	(3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO
(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS	
Changes made to the registered agent or registered office cannot be made on this form. Complete (4) to request a form to be mailed or download form from web site.	
EDDIE BELL	(4) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO
6005 GLORIA LANE	
LOUISVILLE, KY 40213	
(5) PRINCIPAL OFFICERS If (5) is blank, type or print the names and business addresse	s of the current principal officers. If sole officer, please note. The annual report will
be returned if business addresses are not listed. If the corporation has previously filed a any additions to or changes in the principal officers and give the business address for	n annual report, verity the names and titles of officers listed below. Please note
	217 Wood Rd. Louisville, Ku. 40222
President EDDIE BELL	Address
	Address
	Address
	Address
	Address
(6) DIRECTORS Type or print the names and business addresses of the corporation's (KRS 271B.8-010(3)). Nonprofit corporations must list three (3) or more directors (directors. No listing of directors is verification that the corporation has dispensed with direct (KRS 273.211). The annual report will be returned if business addresses are not listed.
Name	Address
(7) Check here if you are a cooperative corporation or association organize	
Check here if you are a rural electric or rural telephone cooperative co	rporation organized under KRS 279. 🖵
I VERIFY THAT THE INFORMATION IN THIS ANHUAL REPORT IS	CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.
71. Z 10	II worker alactors
Signature of Officer or Chairman of the Board Type or Pr	IVNCY 3/28/CLP
Signature of Officer of Chairman of the board Type of Fr	na radiic Date

ANNUAL REPORT AND FILING FEE

Submit for filling the completed annual report form and correct filling fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

MAILING ADDRESS

Trey Grayson Secretary of State P O Box 1150 Frankfort, KY 40602-1150

OFFICE LOCATION

Secretary of State State Capitol, Room 154 700 Capital Avenue Frankfort, KY 40601

(502)-564-2843

NOTE: P O Box 1150 is for annual report filings only.