


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90010 035 ***150.00

DOCUMENT # F97000000008

1. Entity Name
FIRST MANAGEMENT SERVICES, INC.



Principal Place of Business 333 UNION ST., STE. 400 NASHVILLE, TN 37201	Mailing Address 333 UNION ST., STE. 400 NASHVILLE, TN 37201
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54006066

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1524244	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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAYO, KIMBERLY D 333 UNION ST., STE. 400 NASHVILLE, TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, W. KIRBY JR. 333 UNION ST., STE. 400 NASHVILLE, TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOLES, SAMUEL R 333 UNION ST., STE. 400 NASHVILLE, TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUCCIO, PATRICIA D 333 UNION ST., STE. 400 NASHVILLE, TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURCHETT, JAMES 333 UNION STREET STE 400 NASHVILLE, TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *W. Kirby Davis Jr. President* **1/30/04** **615-244-8060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #