

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003300

FILED
Jan 13, 2005
Secretary of State

Entity Name: RESORTQUEST INTERNATIONAL, INC.

Current Principal Place of Business:

8955 HIGHWAY 98 W
SUITE 203
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

8955 HIGHWAY 98 W
SUITE 203
DESTIN, FL 32550

New Mailing Address:

FEI Number: 62-1750352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCEO () Delete
Name: OLIN, JAMES S
Address: ONE GAYLORD DRIVE
City-St-Zip: NASHVILLE, TN 37214

Title: SVP () Delete
Name: BRADY, L. PARK JR
Address: 8955 HWY 98 W, SUITE 203
City-St-Zip: DESTIN, FL 32550

Title: D () Delete
Name: REED, COLIN V
Address: ONE GAYLORD DRIVE
City-St-Zip: NASHVILLE, TN 37214

Title: VPS () Delete
Name: TODD, CARTER R
Address: ONE GAYLORD DRIVE
City-St-Zip: NASHVILLE, TN 37214

Title: VP/T () Delete
Name: FOSTER, A. KEY
Address: ONE GAYLORD DRIVE
City-St-Zip: NASHVILLE, TN 37214

Title: SVP () Delete
Name: MCCONOMY, JOHN
Address: 8955 HWY 98 W, SUITE 203
City-St-Zip: DESTIN, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FIORAVANTI, MARK
Address: ONE GAYLORD DRIVE
City-St-Zip: NASHVILLE, TN 37214

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

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

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

Title: VP/T (X) Change () Addition
Name: MORGAN, JASON
Address: ONE GAYLORD DRIVE
City-St-Zip: NASHVILLE, TN 37214

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARTER R. TODD

VP/S

01/13/2005

Electronic Signature of Signing Officer or Director

_____ Date