

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

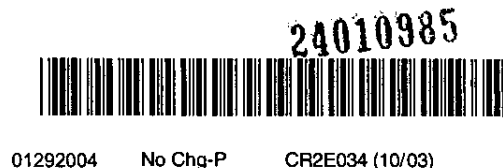
**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90042 016 \*\*\*150.00

<b>DOCUMENT # 125558</b> 1. Entity Name W.L. COBB CONSTRUCTION COMPANY	
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Principal Place of Business 200 42ND AVENUE NORTH NASHVILLE, TN 37209	Mailing Address P. O. BOX 90268 NASHVILLE, TN 37209 US
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**DO NOT WRITE IN THIS SPACE**



4. FEI Number 59-0198860	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

VARN, JACOB D ESQ  
FOWLER WHITE  
101 N. MONROE ST. STE. 1090  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OMAN, JOHN JR. 200 42ND AVENUE NORTH NASHVILLE, TN 37209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HORN, DWIGHT 200 42ND AVENUE NORTH NASHVILLE, TN 37209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD OMAN, JACK A. 200 42ND AVENUE NORTH NASHVILLE, TN 37209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  2-12-2004 615-385-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #