

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90053 018 ***150.00

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01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0198860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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 _____ 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, 2006 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	DV OMAN, JOHN JR. 3304 2ND AVENUE NORTH 3334 Powell Avenue NASHVILLE, TN 37209 37204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HORN, DWIGHT 3304 2ND AVENUE NORTH 3334 Powell Avenue NASHVILLE, TN 37209 37204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD OMAN, JACK A. 3304 2ND AVENUE NORTH 3334 Powell Avenue NASHVILLE, TN 37209 37204
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John A. Oman 01-17-2006 615-385-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John A. Oman, Director.