2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 13, 2005 08:00 AM Secretary of State

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DOCUMENT # 510048 1. Enity Name HUGH O. PRICE, INC.				Secretary of State			
Principal Plac	ce of Business	Mailing Address	•	ī			
1857 HWY 1	113	1857 HWY 113					
PO BOX 5		PO BOX 5					
WHITESBUR	G, TN 37891 US	WHITESBURG, TN 37891	JS	1 (30 (123) 10 (1	FR 1(0 R 20))) 0 833 0 1001 101	I SIDIF BIBIT DITTI SIBIF BIDIF SIDIF SIDIF	
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				01072005	No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE				4 EELN vie		Applied	1 Eor
			.	4. FEI Numb 59-141		Applied Not App	
					of Status Desired	\$8.75 Additions	
			,	J. Commicate	O Glatos Desireo	Fee Required	
	6. Name and Address of Current Re	gistered Agent					
PATE, DONALD B.				DO	NOT W	DITE	
777 W LUMSDEN RD			DO NOT WRITE				
BRANDON, FL 33511				IN "	THIS SF	PACE	
				** 4		, 1 -	
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							
tile obligat	nons of registered agent.						
SIGNATURE Signature, typod or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required w							
	Signature, typod or printed name of registered agent and	itto if applicable. (NOTE: Registere	Agent signature requ	ired when reinstating)	1	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing \$	5.00 May Ba dded to Fees			
10.	OFFICERS AND DI	RECTORS			1		
TITLE	PD						
NAME	PRICE, HUGH O						
STREET ADDRESS	1857 HWY 113						
CITY-ST-ZIP	WHITESBURG, TN				emane to the t	4	
TITLE NAME	VDS PRICE, JANIS J				1 11 11 11 11 11	 N190194	
STREET ADDRESS	1857 HWY 113		1		01/13/05	0180184 -80050-012 150.0	nn l
CITY-ST-ZIP	WHITESBURG, TN					MARKET STATE TO STATE OF THE ST	<u></u>
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NAME		i					
STREET ADDRESS			i	DΩ	NOT W	RITE	
C!TY-ST-ZIP						1127 T.	
TITLE				IN '	THIS SF	ACE	
NAME Street address							
CITY-ST-ZIP							
TITLE			1				
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE						•••	
NAME							
STREET ADDRESS							

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:

ATURE AND ATPID OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 1-7-06</u>

423-235-4406

Daytime Phone #