


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 807570	
1. Entity Name HAILEY -W. L.- AND COMPANY, INC.	

Principal Place of Business 2971 KRAFT DRIVE NASHVILLE, TN 37204	Mailing Address 2971 KRAFT DRIVE NASHVILLE, TN 37204
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 62-0222930	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLER, DAVID GEORGE 1809 KINGSBURY DR NASHVILLE, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, ALEX 2971 KRAFT DR NASHVILLE, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BATTAN, THOMAS A 2971 KRAFT DR. NASHVILLE, TN 37204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIDGES, PATRICIA J 2971 KRAFT DR. NASHVILLE, TN 37204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000370223
07/05/05-80008-005 550.00

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)(f), 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: <u>Paul Madigan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>6/30/05</u>	Daytime Phone #: <u>615-255-3161</u>
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