


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90058 033 \*\*\*150.00

<b>DOCUMENT # 856693</b>		
1. Entity Name WILSON HOTEL MANAGEMENT CO., INC.		

Principal Place of Business 8700 TRAIL LAKE DR W 300 MEMPHIS, TN 38125	Mailing Address 8700 TRAIL LAKE DR W 300 MEMPHIS, TN 38125
---	---

**50032818**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number 62-1164393	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		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	--------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, KEM JR 8700 TRAIL LAKE DR W STE 300 MEMPHIS, TN 38125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gary McClain 8700 Trail Lake Dr. West Ste 300 Memphis, TN 38125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATVP WILSON, SPENCE 8700 TRAIL LAKE DR W STE 300 MEMPHIS, TN 38125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLIN, R. E. 8700 TRAIL LAKE DR W STE 300 MEMPHIS, TN 38125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BATT, WILLIAM 8700 TRAIL LAKE DR W STE 300 MEMPHIS, TN 38125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, KEM JR 8700 TRAIL LAKE DRIVE W STE 300 MEMPHIS, TN 38125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, ROBERT 8700 TRAIL LAKE DRIVE W STE 300 MEMPHIS, TN 38125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  3-1-05 901-346-8800  
Signature and typed or printed name of signing officer or director Date Daytime Phone #