

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 856693	
1. Entity Name WILSON HOTEL MANAGEMENT CO., INC.	

Principal Place of Business 8700 TRAIL LAKE DRIVE SUITE 300 MEMPHIS TN 38125	Mailing Address 8700 TRAIL LAKE DRIVE SUITE 300 MEMPHIS TN 38125
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 62-1164393	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331	
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7. Name and Address of New Registered Agent	
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 (In preparation) (NOTE: Registered Agent signature required when submitting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD ☐ Delete
NAME	WILSON, KEM JR
STREET ADDRESS	8700 TRAIL LAKE DR W STE 300
CITY-ST-ZIP	MEMPHIS TN 38125
TITLE	ATVP ☐ Delete
NAME	WILSON, SPENCE
STREET ADDRESS	8700 TRAIL LAKE DR W STE 300
CITY-ST-ZIP	MEMPHIS TN 38125
TITLE	S ☐ Delete
NAME	MCCLAIN, GARY
STREET ADDRESS	8700 TRAIL LAKE DR W STE 300
CITY-ST-ZIP	MEMPHIS TN 38125
TITLE	V ☐ Delete
NAME	BATT, WILLIAM
STREET ADDRESS	8700 TRAIL LAKE DR W STE 300
CITY-ST-ZIP	MEMPHIS TN 38125
TITLE	V ☐ Delete
NAME	WILSON, KEM JR
STREET ADDRESS	8700 TRAIL LAKE DRIVE W STE 300
CITY-ST-ZIP	MEMPHIS TN 38125
TITLE	VD ☐ Delete
NAME	WILSON, ROBERT
STREET ADDRESS	8700 TRAIL LAKE DRIVE W STE 300
CITY-ST-ZIP	MEMPHIS TN 38125

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	U00000885107
STREET ADDRESS	04/17/08-80070-019 150.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gary McClain* **3/26/08** **901-346-8800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dystine Page