

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 26, 2007 08:00 AM  
Secretary of State

DOCUMENT # 857895

1. Entity Name

BARGE, WAGGONER, SUMNER AND CANNON, INC.



Principal Place of Business

211 COMMERCE STREET  
SUITE 600  
NASHVILLE TN 37201-1815

Mailing Address

211 COMMERCE STREET  
SUITE 600  
NASHVILLE TN 37201-1815



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 (10/06)

4. FEI Number 62-0525827

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON FL 33331

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SVPT ☐ Delete  
NAME ALLEN, THOMAS A  
STREET ADDRESS 211 COMMERCE STREET, SUITE 600  
CITY- ST- ZIP NASHVILLE TN 37201

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 000000734965  
CITY- ST- ZIP 05/10/07-80014-024 158.75

TITLE PCOO ☐ Delete  
NAME DAVIDSON, DAVID L  
STREET ADDRESS 211 COMMERCE STREET, SUITE 600  
CITY- ST- ZIP NASHVILLE TN 37201

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE COB ☐ Delete  
NAME ROSE, GARLAND P JR  
STREET ADDRESS 211 COMMERCE STREET, SUITE 600  
CITY- ST- ZIP NASHVILLE TN 37201

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE CEO ☐ Delete  
NAME DOWNING, JAMES M  
STREET ADDRESS 211 COMMERCE STREET, SUITE 600  
CITY- ST- ZIP NASHVILLE TN 37201

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE EVP ☐ Delete  
NAME PARKER, RICHARD L  
STREET ADDRESS 1009 COMMERCE PARK DRIVE, SUITE 500  
CITY- ST- ZIP OAKRIDGE TN 37830

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE EVP ☐ Delete  
NAME POLK, ROBERT F  
STREET ADDRESS SUITE 370 EAST, TWO PERIMETER PARK SOUTH  
CITY- ST- ZIP BIRMINGHAM AL 35243

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Allen

4/23/06

615-254-1500

Date

Daytime Phone