

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90072 047 ***150.00

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04122006 Chg-P CR2E034 (11/05)

4. FEI Number **63-1248402** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP	☐ Delete
NAME	CREIGHTON, ALAN L	
STREET ADDRESS	2090 COLUMBIANA ROAD SUITE 3000	
CITY-ST-ZIP	BIRMINGHAM, AL 35216	
TITLE	CFO	☐ Delete
NAME	LIFORD, DENNIS	
STREET ADDRESS	2090 COLUMBIANA ROAD, SUITE 3000	
CITY-ST-ZIP	BIRMINGHAM, AL 35216	
TITLE	VPLA	☐ Delete
NAME	RICHARDSON, CHARLES	
STREET ADDRESS	2700 CORPORATE DRIVE	
CITY-ST-ZIP	BIRMINGHAM, AL 35242	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	☒ Change ☐ Addition
NAME	CREIGHTON, ALAN L	
STREET ADDRESS	2700 CORPORATE DR SUITE 200	
CITY-ST-ZIP	BIRMINGHAM, AL 35242	
TITLE	CFO	☒ Change ☐ Addition
NAME	LIFORD, DENNIS	
STREET ADDRESS	2700 CORPORATE DR SUITE 200	
CITY-ST-ZIP	BIRMINGHAM, AL 35242	
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 Chapter 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: Dennis Lipford **Dennis Lipford, CFO 4/12/06 205-978-4430**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #