

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-01-2006 90304 025 ***150.00

DOCUMENT # F00000002787

1. Entity Name

DANIEL & YEAGER, INC.



Principal Place of Business

**1900 WINSTON ROAD, SUITE 300
KNOXVILLE TN 37919**

Mailing Address

**1900 WINSTON ROAD, SUITE 300
KNOXVILLE TN 37919**

66010013



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number
63-1009913

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 **P** ☒ Delete
NAME **DANIEL, JOHN**
STREET ADDRESS **1900 WINSTON ROAD, SUITE 300**
CITY-ST-ZIP **KNOXVILLE TN 37919**

TITLE **Pres.** ☐ Change ☒ Addition
NAME **Kurt Brinson**
STREET ADDRESS **1900 Winston Rd.**
CITY-ST-ZIP **Knoxville, TN 37919**

TITLE **VD** ☐ Delete
NAME **MASSINGALE, H. LYNN M.D.**
STREET ADDRESS **1900 WINSTON ROAD, SUITE 300**
CITY-ST-ZIP **KNOXVILLE TN 37919**

TITLE **VP.** ☐ Change ☒ Addition
NAME **Susie Brown**
STREET ADDRESS **Humboldt AL**
CITY-ST-ZIP **1900 Winston Rd., Knoxville, TN 37919**

TITLE **SD** ☒ Delete
NAME **HATCHER, MICHAEL**
STREET ADDRESS **1900 WINSTON ROAD, SUITE 300**
CITY-ST-ZIP **KNOXVILLE TN 37919**

TITLE **VP & P.V.** ☐ Change ☒ Addition
NAME **Glad Roth**
STREET ADDRESS **1900 Winston Rd.**
CITY-ST-ZIP **Knoxville, TN 37919**

TITLE **T** ☐ Delete
NAME **JONES, DAVID**
STREET ADDRESS **1900 WINSTON ROAD, SUITE 300**
CITY-ST-ZIP **KNOXVILLE TN 37919**

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

TITLE **VPLA** ☐ Delete
NAME **JOYNER, ROBERT**
STREET ADDRESS **1900 WINSTON RD**
CITY-ST-ZIP **KNOXVILLE TN 37919**

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

TITLE **VPAS** ☒ Delete
NAME **SHORLIN, STEPHEN**
STREET ADDRESS **1900 WINSTON RD**
CITY-ST-ZIP **KNOXVILLE TN 37919**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John R. Stair

Asst. Sec.

865-293-5665