2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 13, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Jan 13, 2005 08:00 A		
1. Entity Nam	MENT # F01000004			Secret	ary of State	
Principal Place 7000 HIGHW BURLISON, T	YAY 59 WEST	Mailing Address PO BOX 142 BURLISON, TN 38015			- 	RASIN KIKIN ISTRALIMINTRA NI ISTRI
D	OO NOT WRITE	necessary and all the second s	CE		64	E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
1200 SOU	6. Name and Address of Current Re PORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324	gistered Agent			IOT WRIT	
	named entity submits this statement for tions of registered agent. ———————————————————————————————————		ed office or register		n the State of Florida. I at	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campalgn Final Trust Fund Contribution.		.00 May Be ed to Fees		
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE	PCD BURLISON, JAMES I 7000 HIGHWAY 59 WEST BURLISON, TN 38051 SD	ŘĚČTORS			U000001794 01/13/05-8001	133 18-013 150 00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SELLERS, WILLIAM B 7000 HIGHWAY 59 WEST BURLISON, TN 38051 TD HOLDEN, RENNETH W 7000 HIGHWAY 59 WEST			DO 1		- 125
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BURLISON, TN 38051) -	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP						

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRINES T. BUR 150N / RES.

1-1-05

901-4716-1487