


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005065
 1. Entity Name
GAYLORD ENTERTAINMENT COMPANY



Principal Place of Business Mailing Address
ONE GAYLORD DRIVE **ONE GAYLORD DRIVE**
NASHVILLE TN 37214 **NASHVILLE TN 37214**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
73-0664379 Not Applicable

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

6. Name and Address of Current Registered Agent
NRAI SERVICES INC
526 E PARK AVE
TALLAHASSEE FL 32301-2525

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 (NOTE: Registered Agent signature required when installing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	ROSE, MICHAEL D	
STREET ADDRESS	ONE GAYLORD DRIVE	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REED, COLIN V	
STREET ADDRESS	ONE GAYLORD DRIVE	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	KLOEPEL, DAVID C	
STREET ADDRESS	ONE GAYLORD DRIVE	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE	V	<input type="checkbox"/> Delete
NAME	SEVIGNY, JAY	
STREET ADDRESS	ONE GAYLORD DRIVE	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	FIORAVANTI, MARK	
STREET ADDRESS	ONE GAYLORD DRIVE	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TODD, CARTER R	
STREET ADDRESS	ONE GAYLORD DRIVE	
CITY-ST-ZIP	NASHVILLE TN 37214	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000325054
 04/22/05-80117-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 *Carter R. Todd* **Carter, R. Todd, Secretary** **4/13/05 (615) 316-6186**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #