

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 09, 2007  
Secretary of State**

DOCUMENT# F01000006471

Entity Name: TENNSCO CORPORATION

**Current Principal Place of Business:**

201 TENNSCO DRIVE  
DICKSON, TN 37056

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1888  
DICKSON, TN 32056

**New Mailing Address:**

FEI Number: 62-0649819      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIBRARY INTERIORS OF FLORIDA, INC.  
15310 AMBERLY DR., STE 250  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SPEYER, STUART  
Address: PO BOX 1888  
City-St-Zip: DICKSON, TN 37056

Title: V ( ) Delete  
Name: EASLEY, MICHAEL  
Address: PO BOX 1888  
City-St-Zip: DICKSON, TN 37056

Title: STD ( ) Delete  
Name: SPEYER, APRIL  
Address: 3501 S. 154TH STREET  
City-St-Zip: WICHITA, KS

Title: CD ( ) Delete  
Name: SPEYER, L D  
Address: PO BOX 1888  
City-St-Zip: DICKSON, TN

Title: D ( ) Delete  
Name: SPEYER, ROBERT  
Address: 778 ATLANTIC AVENUE  
City-St-Zip: ATLANTA, GA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL EASLEY

V

03/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date