


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F05000000026 1. Entity Name INMAN CONSTRUCTION CORP.	
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Principal Place of Business 88 UNION AVENUE, STE. 400 MEMPHIS, TN 38103	Mailing Address 88 UNION AVENUE, STE. 400 MEMPHIS, TN 38103
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02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0840123	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC INMAN, JAMES P 1575 GOODBAR AVENUE MEMPHIS, TN 38104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C INMAN, FRANK JR 5272 SOUTHWOOD DRIVE MEMPHIS, TN 38120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EVERETT, GREGORY 2008 HIGBEE MEMPHIS, TN 38104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, JOYCE 113 COUNTRY PLACE CORDOVA, TN 38018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALSOBROOK, LINDA 4375 WINDTREE DR. BARTLETT, TN 38135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKIN, PAUL 8409 HICKORY GLENN GERMANTOWN, TN 38138

1000000245505
02/28/05-80028-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: Linda Alsobrook 2/24/05 (901) 682-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Treasurer