


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90021 022 ***150.00

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # F05000002070 1. Entity Name RAGAN-SMITH-ASSOCIATES, INC. | | | |  | |
| Principal Place of Business 315 WOODLAND STREET NASHVILLE, TN | | | Mailing Address P.O. BOX 60070 NASHVILLE, TN 37206-0070 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOC SMITH, SIDNEY B III <input type="checkbox"/> Delete 315 WOODLAND STREET, P.O. BOX 60070 NASHVILLE, TN 372060070 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Terry A. Hundley 315 Woodland Street, P.O. Box 60070 Nashville, TN 372060070 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input type="checkbox"/> Delete LOWE, CHARLES D 315 WOODLAND STREET, P.O. BOX 60070 NASHVILLE, TN 372060070 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Griffin, Joseph F 315 Woodland Street, P.O. Box 60070 Nashville, TN 372060070 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Delete NICHOLS, ROBERT W 315 WOODLAND STREET, P.O. BOX 60070 NASHVILLE, TN 372060070 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Niesen, Scott M 315 Woodland Street, P.O. Box 60070 Nashville, TN 37206-0070 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Delete DILLEHAY, JACKIE L 315 WOODLAND STREET, P.O. BOX 60070 NASHVILLE, TN 372060070 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thompson, J.Alan 315 Woodland Street, P.O. Box 60070 Nashville, TN 372060070 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Delete WELCH, GEORGE H 315 WOODLAND STREET, P.O. BOX 60070 NASHVILLE, TN 372060070 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Smith, Brett Alan 315 Woodland Street, P.O. Box 60070 Nashville, TN 37206-0070 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Delete CALDWELL, RANDY C 315 WOODLAND STREET, P.O. BOX 60070 NASHVILLE, TN 372060070 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |



01152007 Chg-P CR2E034 (12/06)


4. FEI Number
62-0730065

Applied For
Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Terry Hundley, Secretary January 15, 2007 615-244-8591

Date

Daytime Phone #