


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90040 043 ***150.00

DOCUMENT # F07000003794 1. Entity Name M&A SUPPLY COMPANY OF TN	
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Principal Place of Business 100 ABERDEEN LOOP PANAMA CITY, FL 32405	Mailing Address 1101 KERMIT DR SUITE 700 NASHVILLE, TN 37217
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DO NOT WRITE IN THIS SPACE

01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 62-0802644	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOOD, PAUL 100 ABERDEEN LOOP PANAMA CITY, FL 32405

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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>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANDERSON, EDWIN 1101 KERMIT DR SUITE 700 NASHVILLE, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, EDDIE 1101 KERMIT DR SUITE 700 PANAMA CITY, FL 32405 <i>NASHVILLE, TN 37217</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YATES, ROGER 1101 KERMIT DR SUITE 700 PANAMA CITY, FL 32405 <i>NASHVILLE, TN 37217</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, AUTUMN 1101 KERMIT DR SUITE 700 PANAMA CITY, FL 32405 <i>NASHVILLE, TN 37217</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, AUTUMN 1101 KERMIT DR SUITE 700 PANAMA CITY, FL 32405 <i>NASHVILLE, TN 37217</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Edwin Anderson CEO</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>1-21-08</i> <small>Date</small>	Daytime Phone # <i>399 5325</i> <small>Daytime Phone #</small>
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