

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002487

FILED
Apr 29, 2005
Secretary of State

Entity Name: MASTERCORP OF TENNESSEE, INC.

Current Principal Place of Business:

3505 N. MAIN ST
CROSSVILLE, TN 38555 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4027
CROSSVILLE, TN 38557

New Mailing Address:

POST OFFICE BOX 4027
CROSSVILLE, TN 38557 US

FEI Number: 62-1206906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: PC () Delete
Name: GRINDSTAFF, D. ALAN
Address: 3505 N MAIN ST
City-St-Zip: CROSSVILLE, TN 385555417

Title: ST () Delete
Name: GRINDSTAFF, CHARLOTTE
Address: 3505 N MAIN ST
City-St-Zip: CROSSVILLE, TN 385555417

Title: VP () Delete
Name: SWAFFORD, KEVIN W
Address: 3505 NORTH MAIN STREET
City-St-Zip: CROSSVILLE, TN 38555

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIFFANY L. ATKINSON

CONT

04/29/2005

Electronic Signature of Signing Officer or Director

Date