


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000001267 1. Entity Name SHOLOGGE, INC.	
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Principal Place of Business 130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075	Mailing Address 130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1015641	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

CT 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 _____ (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 <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	PCED MOORE, LEON 130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOHNSON, RICHARD L. 130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MARLOWE, BOB 130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GROUT, JAMES 130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP JOHNSON, RICHARD L. 130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOSKOVITZ, HELEN 95 WHITE BRIDGE ROAD NASHVILLE, TN 37205

U000000205861
01/31/05-80060-013 150.00

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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)(i), 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: Bob Marlowe Bob Marlowe, Sec/Treas/CFO 2/04/05 615/264-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #