

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90076 010 \*\*\*150.00

<b>DOCUMENT # F94000001267</b> 1. Entity Name <b>SHOLOGGE, INC.</b>					
Principal Place of Business <b>130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075</b>			Mailing Address <b>130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075</b>		
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	4. FEI Number <b>62-1015641</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCED MOORE, LEON 130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MARLOWE, BOB 130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GROUT, JAMES 130 MAPLE DRIVE NORTH HENDERSONVILLE, TN 37075</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOSKOVITZ, HELEN 95 WHITE BRIDGE ROAD NASHVILLE, TN 37205</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Earl H. Sadler 436 Enos Reed Drive Nashville, TN 37210-4302</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director David M. Resha 100 Springhouse Ct. Hendersonville, TN 37075</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <i>Bob Marlowe</i>		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			
<b>Bob Marlowe</b>		<b>02/08/07</b>			
<b>615/264-8000</b>		<b>Daytime Phone #</b>			

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01042007 Chg-P CR2E034 (12/06)

4. FEI Number  
62-1015641

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

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

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**SIGNATURE:** *Bob Marlowe* **Bob Marlowe** **02/08/07** **615/264-8000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

H0046367  
# F 94000001267

SHO LODGE, INC.		
Officers Name	Title	Address
Leslie Leon Moore	Chairman & Chief Executive Officer	130 Maple Drive North Hendersonville, TN 37075
James Meredith Grout	President and Chief Operating Officer	130 Maple Drive North Hendersonville, TN 37075
Bobby Gene Marlowe	EVP, Secretary, Treasurer, CFO/CAO	130 Maple Drive North Hendersonville, TN 37075
Directors		
Leslie Leon Moore		130 Maple Drive North Hendersonville, TN 37075
Bobby Gene Marlowe		130 Maple Drive North Hendersonville, TN 37075
Earl Harlin Sadler	Owner, Sadler Brothers Trucking & Leasing Co., Inc.	436 Enos Reed Drive Nashville, TN 37210-4302
Helen Moskovitz	Owner, Moskovitz Consulting Group	95 White Bridge Road Nashville, TN 37205
David M. Resha	Chairman & CEO American Security Bank & Trust Co.	100 Springhouse Ct Hendersonville, TN 37075