


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000005063


1. Entity Name
FREEMAN WEBB INVESTMENTS, INC.



Principal Place of Business
**555 GREAT CIRCLE RD.
 SUITE 100
 NASHVILLE, TN 37228-1310**

Mailing Address
**P.O. BOX 23857
 NASHVILLE, TN 37202-3857**

DO NOT WRITE IN THIS SPACE



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1064733	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

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FREEMAN, WILLIAM H 555 GREAT CIRCLE RD. SUITE 100 NASHVILLE, TN 372281310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNS, KENT A 555 GREAT CIRCLE RD. SUITE 100 NASHVILLE, TN 372281310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WEBB, JAMES A III 555 GREAT CIRCLE RD. SUITE 100 NASHVILLE, TN 372281310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/06/07-80062-020 150.00

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:  **James A. Webb, III** Date **3/29/07** Daytime Phone # **615-271-3700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR