2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State
04-22-2008 90017 002 ***150.00

DOCUMENT # F95000000202

1. Entity Name

TOM JAMES COMPANY

Principal Place of Business	Mailing Address
263 SEABOARD LANE FRANKLIN TN 37067	263 SEABOARD LANE FRANKLIN TN 37067

1st MOORE CR2E034 (10/07)

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 35-1285878 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASALENA, SERGIO 411 N. CRANBERRY RD. WESTMINSTER MD 21157	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Casalena, Sergio 411 N. Cranberry Rd. Westminster, MD 21157	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SALYER, WALTER L 263 SEABOARD LANE FRANKLIN TN 37067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Williams, James P. 263 Seaboard Lane Franklin, TN 37067	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERRER, ROBERT 424 S LYNN RIGGS BLVD CLAREMORE OK 74017	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP of Admin Cotten, Michael N. 263 Seaboard Lane Franklin, TN 37067	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASALENA, SERGIO 411 N. CRANBERRY RD. WESTMINSTER MD 21157	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McEachern, James 12751 Merit Dr., Suite 100 Dallas, TX 75251	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, JAMES P 263 SEABOARD LANE FRANKLIN TN 37067	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Meyers, Aaron 2800 N. Druid Hills Rd., Suite A200 Atlanta, GA 30329	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYS, SPENCER 2451 ATRIUM WAY NASHVILLE TN 37214	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Walter L Salyer Walter L. Salyer 4-3-08 (615) 771-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #