

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90011 015 ***150.00

DOCUMENT # F95000000880 1. Entity Name FREEMAN WEBB COMPANY, REALTORS			
Principal Place of Business 555 GREAT CIRCLE RD. SUITE 100 NASHVILLE, TN 37228-1310		Mailing Address 555 GREAT CIRCLE RD. SUITE 100 NASHVILLE, TN 37228-1310	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address P.O. Box 23857 Suite, Apt. #, etc. City & State Nashville, TN Zip Country 37202-3857 Davidson	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PD WEBB, JAMES A III 555 GREAT CIRCLE RD.SUITE 100 NASHVILLE, TN 372281310	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FREEMAN, WILLIAM H 555 GREAT CIRCLE RD. SUITE 100 NASHVILLE, TN 372281310	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FORD, DANIEL P SR 555 GREAT CIRCLE RD. SUITE 100 NASHVILLE, TN 372281310	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS BURNS, KENT A 555 GREAT CIRCLE RD. SUITE 100 NASHVILLE, TN 372281310	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/10/04 Date Daytime Phone #	

54022686



01082004 Chg-P CR2E034 (10/03)

4. FEI Number **62-1060236** Applied For ☐ Not Applicable ☐

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