

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000000880 1. Entity Name FREEMAN WEBB COMPANY, REALTORS	
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Principal Place of Business 555 GREAT CIRCLE RD. SUITE 100 NASHVILLE, TN 37228-1310	Mailing Address PO BOX 23857 NASHVILLE, TN 37202-3857
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02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1060236	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____

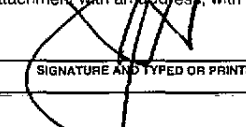
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBB, JAMES A III 555 GREAT CIRCLE RD.SUITE 100 NASHVILLE, TN 372281310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FREEMAN, WILLIAM H 555 GREAT CIRCLE RD. SUITE 100 NASHVILLE, TN 372281310
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	EVPS BURNS, KENT A 555 GREAT CIRCLE RD. SUITE 100 NASHVILLE, TN 372281310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/14/05-80033-007 150.00

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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)(f), 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	3/7/05	(615)271-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #