

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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

**PO BOX 23857
NASHVILLE, TN 37202-3857**



03222007 No Chg-P CR2E034 (11/05)

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**

**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

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, 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	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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04/06/07-80062-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Webb, III

Date

3/29/07

Daytime Phone #

615-271-2700