

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90009 017 ***150.00

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01042008 Chg-P CR2E034 (12/06)

4. FEI Number **62-1564497** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HARTER, WILLIAM J	
STREET ADDRESS	1281 MURFREESBORO ROAD	
CITY-ST-ZIP	NASHVILLE, TN 37217	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COLLINS, CONSTANCE A	
STREET ADDRESS	1281 MURFREESBORO ROAD	
CITY-ST-ZIP	NASHVILLE, TN 37217	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILSON, RONALD F	
STREET ADDRESS	1281 MURFREESBORO ROAD	
CITY-ST-ZIP	NASHVILLE, TN 37217	
TITLE	CFOD	<input type="checkbox"/> Delete
NAME	HAGELY, J. TODD	
STREET ADDRESS	1281 MURFREESBORO ROAD	
CITY-ST-ZIP	NASHVILLE, TN 37217	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, BRIAN G	
STREET ADDRESS	1281 MURFREESBORO RD	
CITY-ST-ZIP	NASHVILLE, TN 37217	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HARMS, STEVEN R	
STREET ADDRESS	1281 MURFREESBORO ROAD	
CITY-ST-ZIP	NASHVILLE, TN 37217	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy Sanford	
STREET ADDRESS	1281 Murfreesboro Rd	
CITY-ST-ZIP	37217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Wojcik	
STREET ADDRESS	1281 murfreesboro rd	
CITY-ST-ZIP	37217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Amy Sanford Date 1/7/8 (5-366-3723)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #