

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001052

Entity Name: KEMMONS WILSON, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

8700 TRAIL LAKE DRIVE WEST
300
MEMPHIS, TN 38125

New Principal Place of Business:

Current Mailing Address:

8700 TRAIL LAKE DRIVE WEST
300
MEMPHIS, TN 38125

New Mailing Address:

FEI Number: 62-1723152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRINGER, BILLY
2147-G PORTER LAKE DRIVE
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MCCLAIN, GARY
Address: 8700 TRAIL LAKE DR W STE 300
City-St-Zip: MEMPHIS, TN 38125

Title: PD () Delete
Name: WILSON, SPENCE
Address: 8700 TRAIL LAKE DRIVE WEST, SUITE 300
City-St-Zip: MEMPHIS, TN 38125

Title: VD () Delete
Name: WILSON, ROBERT A
Address: 870 TRAIL LAKE DR. WEST, STE 300
City-St-Zip: MEMPHIS, TN 38125

Title: VD () Delete
Name: WILSON JR, C K
Address: 8700 TRAIL LAKE DR. WEST, STE 300
City-St-Zip: MEMPHIS, TN 38125

Title: VPT () Delete
Name: BATT, WILLIAM
Address: 8700 TRAIL LAKE DR. WEST, STE 300
City-St-Zip: MEMPHIS, TN 38125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY MCCLAIN

S

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date