


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000002381	
1. Entity Name NHH, INC.	

Principal Place of Business 1407 UNION AVE., STE. 400 MEMPHIS, TN 38104	Mailing Address 1407 UNION AVE., STE. 400 MEMPHIS, TN 38104
---	---

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1694600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  HILL, CLARK 5111 TAMiami TRAIL N. NAPLES, FL 34103	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COOPER, PACE 1407 UNION AVE., STE. 400 MEMPHIS, TN 38104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOPER, DAVID A 1407 UNION AVE., STE. 400 MEMPHIS, TN 38104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPER, LAURIE A 1407 UNION AVE., STE. 400 MEMPHIS, TN 38104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000268534  
03/18/05-80044-015 450.00

**DO NOT WRITE  
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)(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: <u>Pace Cooper</u>	Date: <u>3/14/05</u>	Daytime Phone #: <u>94-725-8611</u>
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		