

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90097 048 ***150.00

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01112007 Chg-P CR2E034 (12/06)

4. FEI Number 62-0963862 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 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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, 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	CD	<input type="checkbox"/> Delete
NAME	PRESTON, FORREST L	
STREET ADDRESS	220 ANATOLE LANE	
CITY-ST-ZIP	CLEVELAND, TN 37312	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CLAYTON, ANGELENA Y	
STREET ADDRESS	170 HUNTER RUN CIR.	
CITY-ST-ZIP	CLEVELAND, TN 37312	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	ZIEGLER, J. STEPHEN	
STREET ADDRESS	9263 DAYFLOWR DR.	
CITY-ST-ZIP	OOLTEWAH, TN 37363	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIARDINA, DON J	
STREET ADDRESS	2824 OVETON RD.	
CITY-ST-ZIP	BIRMINGHAM, AL 35223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beecher Hunter	
STREET ADDRESS	3570 Keith Street, NW	
CITY-ST-ZIP	Cleveland, TN 37312	
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: Joan E. Thurmond 3/29/07 (423) 473-5868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Joan E. Thurmond, Assistant