


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P36807 1. Entity Name C. B. RAGLAND COMPANY	
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Principal Place of Business 2720 EUGENIA AVE NASHVILLE, TN 37211 US	Mailing Address POST OFFICE BOX 40587 NASHVILLE, TN 37204
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 62-0333520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO HAYES, MICHAEL J 10 LYNWOOD LANE NASHVILLE, TE 37205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV RAGLAND, JAMES B., JR. 2405 VALLEYBROOK DR. NASHVILLE, TN 37205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIETGENS, EDWARD R. 5145 WALNUT PARK DRIVE BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST WALKER, BAKER 231 GREENHARBOR RD., #125 OLD HICKORY, TN 37138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYES, JOHN B 506 LYNNWOOD BLVD. NASHVILLE, TN 37205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/24/05-80038-003 150.00

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>Baker Walker</u> <u>Sec. Treas.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	03/16/05 615-259-4622 <small>Date Daytime Phone #</small>
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