

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000111605**

1. Entity Name  
HAMPTON-DAVIS MANAGEMENT, INC.



Principal Place of Business  
15 SAFETY HARBOR CLUB  
GULF SHORES BLVD.  
NO. CAPTIVA ISLAND, FL 33924

Mailing Address  
3420 HAMPTON AVE.  
NASHVILLE, TN 37215-1408

**DO NOT WRITE IN THIS SPACE**



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number  
62-1667650

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 SO. PINE ISLAND RD.  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DAVIS, DELTA A  
STREET ADDRESS 3420 HAMPTON AVE.  
CITY-ST-ZIP NASHVILLE, TN 372151408

TITLE STD  
NAME DEAN, KARL F  
STREET ADDRESS 3420 HAMPTON AVE.  
CITY-ST-ZIP NASHVILLE, TN 372151408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/02/05-80017-007 150.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/05 615 400-7276

Date

Daytime Phone #