

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # V30830

1. Entity Name
KWI OF SARASOTA, INC.



Principal Place of Business
**2147-G PORTER LAKE DRIVE
SARASOTA, FL 34240**

Mailing Address
**8700 TRAIL LAKE DR W #300
MEMPHIS, TN 38116**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
62-1495839

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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, 2004 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 WILSON, SPENCE
STREET ADDRESS 8700 TRAIL LAKE DR W STE 300
CITY-ST-ZIP MEMPHIS, TN 38125

TITLE VD
NAME WILSON, ROBERT
STREET ADDRESS 8700 TRAIL LAKE DR W STE 300
CITY-ST-ZIP MEMPHIS, TN 38125

TITLE VD
NAME WILSON, C. KEMMONS JR.
STREET ADDRESS 8700 TRAIL LAKE DR W STE 300
CITY-ST-ZIP MEMPHIS, TN 38125

TITLE VT
NAME BATT, BILL
STREET ADDRESS 8700 TRAIL LAKE DR W STE 300
CITY-ST-ZIP MEMPHIS, TN 38125

TITLE ATAS
NAME CRENSHAW, CHIP
STREET ADDRESS 8700 TRAIL LAKE DR W STE 300
CITY-ST-ZIP MEMPHIS, TN 38125

TITLE V
NAME SPRINGER, BILLY B
STREET ADDRESS 2147-G PORTER LAKE DRIVE
CITY-ST-ZIP SARASOTA, FL 34240

1000000131837
04/26/04-80023-001 150.00

**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)(c), 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

April 6, 2004 **901-346-8800**

Date

Daytime Phone #