


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 807570
 1. Entity Name
HAILEY -W. L.- AND COMPANY, INC.



Principal Place of Business Mailing Address
2971 KRAFT DRIVE **2971 KRAFT DRIVE**
NASHVILLE, TN 37204 **NASHVILLE, TN 37204**

DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 62-0222930 | 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WALLER, DAVID GEORGE 1809 KINGSBURY DR NASHVILLE, TN |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEELE, ALEX 2971 KRAFT DR NASHVILLE, TN |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BATTAN, THOMAS A 2971 KRAFT DR. NASHVILLE, TN 37204 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BRIDGES, PATRICIA J 2971 KRAFT DR. NASHVILLE, TN 37204 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

1100000370223
 07/05/05-80008-005 550.00

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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)(f), 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: Paul Madigan **PAUL MADIGAN, CONTROLLER** 6/30/05 615-255-3161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #