

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807570

FILED
Jan 21, 2009
Secretary of State

Entity Name: HAILEY -W. L.- AND COMPANY, INC.

Current Principal Place of Business:

2971 KRAFT DRIVE
NASHVILLE, TN 37204

New Principal Place of Business:

Current Mailing Address:

2971 KRAFT DRIVE
NASHVILLE, TN 37204

New Mailing Address:

PO BOX 40646
NASHVILLE, TN 37204

FEI Number: 62-0222930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
STE. 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: ACKERMAN, DONALD
Address: 2971 KRAFT DRIVE
City-St-Zip: NASHVILLE, TN 37204

Title: COOD () Delete
Name: ACKERMAN, DONALD
Address: 2971 KRAFT DRIVE
City-St-Zip: NASHVILLE, TN 37204

Title: TCFO () Delete
Name: HOWARD, JEFFREY L
Address: 2971 KRAFT DRIVE
City-St-Zip: NASHVILLE, TN 37204

Title: S () Delete
Name: BRIDGES, PATRICIA J
Address: 2971 KRAFT DR.
City-St-Zip: NASHVILLE, TN 37204

Title: CAS () Delete
Name: MADIGAN, PAUL J
Address: 2971 KRAFT DR.
City-St-Zip: NASHVILLE, TN 37204

Title: D () Delete
Name: WALLER, GEORGE G
Address: 2971 KRAFT DR.
City-St-Zip: NASHVILLE, TN 37204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MADIGAN

CAS

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date