


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P10189  
 1. Entry Name  
 EARL SWENSSON ASSOCIATES, INC.



Principal Place of Business 2100 WEST END AVENUE NASHVILLE, TN 37203	Mailing Address 2100 WEST END AVENUE SUITE 1200 NASHVILLE, TN 37203
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02132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 62-0897652	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

**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, RICHARD L. 2100 WEST END AVENUE NASHVILLE, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SWENSSON, EARL S. 2100 WEST END AVENUE NASHVILLE, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATT, RAYMOND M. 2100 WEST END AVENUE NASHVILLE, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CRUMPACKER, JOE D. 2100 WEST END AVENUE NASHVILLE, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000425949  
 02/20/06-80023-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  President/Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 615-329-9445  
Daytime Phone #