


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90461 050 \*\*\*150.00

**DOCUMENT # 822894**  
 1. Entity Name  
**ODOM'S TENNESSEE PRIDE SAUSAGE, INC.**



Principal Place of Business      Mailing Address  
**1201 NEELY'S BEND ROD**      **1201 NEELY'S BEND RD.**  
**MADISON, TN 37115 US**      **MADISON, TN 37115 US**

40071701



04252005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**62-0798115**      Not Applicable

5. Certificate of Status Desired        **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	D
NAME	ODOM, D.G. JR.
STREET ADDRESS	1201 NEELY'S BEND RD.
CITY-ST-ZIP	MADISON, TN
TITLE	D
NAME	ODOM, R.A.
STREET ADDRESS	1201 NEELY'S BEND RD.
CITY-ST-ZIP	MADISON, TN
TITLE	ST
NAME	BOONE, H.E.
STREET ADDRESS	1201 NEELYS BEND ROAD
CITY-ST-ZIP	MADISON, TN 37115
TITLE	P
NAME	ODOM, L.D.
STREET ADDRESS	1201 NEELY'S BEND RD.
CITY-ST-ZIP	MADISON, TN
TITLE	Vice President
NAME	James Storchhocker
STREET ADDRESS	1201 Neely's Bend Road
CITY-ST-ZIP	MADISON TN 37115
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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: *Harold Boone*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05      615-868-1360  
 Date      Daytime Phone #