


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 822894 1. Entity Name ODOM'S TENNESSEE PRIDE SAUSAGE, INC.	
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Principal Place of Business 1201 NEELY'S BEND RD MADISON, TN 37115 US	Mailing Address 1201 NEELY'S BEND RD. MADISON, TN 37115 US
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04182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 62-0798115	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000557226  
 05/17/06-80041-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODOM, D.G. JR. 1201 NEELY'S BEND RD. MADISON, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODOM, R.A. 1201 NEELY'S BEND RD. MADISON, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOONE, H.E. 1201 NEELYS BEND ROAD MADISON, TN 37115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ODOM, L.D. 1201 NEELY'S BEND RD. MADISON, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STONEHOCKER, JAMES 1201 NEELYS BEND ROAD 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 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: Harold Boone **4/20/06** **415-868-1360**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #