

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856843

Entity Name: TOM'S FOODS INC.

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

900 8TH ST.
COLUMBUS, GA 319012867 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 60
ATTN: TAX DEPT
COLUMBUS, GA 319020060 US

New Mailing Address:

FEI Number: 58-1516963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: TS () Delete
Name: SANDERS, SHARON M
Address: 900 8TH ST.
City-St-Zip: COLUMBUS, GA 319012867 US

Title: PD () Delete
Name: DIVIN, ROLLAND G
Address: 900 8TH ST.
City-St-Zip: COLUMBUS, GA 319012867 US

Title: V () Delete
Name: BARKER, GERALD R
Address: 900 8TH ST.
City-St-Zip: COLUMBUS, GA 319012867 US

Title: V () Delete
Name: HEARP, WYATT F
Address: 900 8TH ST.
City-St-Zip: COLUMBUS, GA 319012867 US

Title: D () Delete
Name: HEISLEY, MICHAEL E SR
Address: 900 8TH ST.
City-St-Zip: COLUMBUS, GA 319012867

Title: D () Delete
Name: SAGE, ANDREW G.C. III
Address: 900 8TH ST.
City-St-Zip: COLUMBUS, GA 319012867

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
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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 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 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: SHARON M SANDERS

TS

05/02/2005

Electronic Signature of Signing Officer or Director

_____ Date