

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F05000005862**

1. Entity Name  
**CAL-MAINE FOODS, INC.**



Principal Place of Business  
**3320 WEST WOODROW WILSON DRIVE  
JACKSON, MS 39209**

Mailing Address  
**P.O. BOX 2960  
JACKSON, MS 39207**



04022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**64-0500378**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000381836  
04/16/08-80009-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	ADAMS, FRED R
STREET ADDRESS	3320 WEST WOODROW WILSON DRIVE
CITY-ST-ZIP	JACKSON, MS 39209
TITLE	VC
NAME	LOOPER, RICHARD K
STREET ADDRESS	3320 WEST WOODROW WILSON DRIVE
CITY-ST-ZIP	JACKSON, MS 39209
TITLE	D
NAME	POOLE, JAMES
STREET ADDRESS	3320 WEST WOODROW WILSON DRIVE
CITY-ST-ZIP	JACKSON, MS 39209
TITLE	D
NAME	TRIPLETT, R. FASER M.D.
STREET ADDRESS	3320 WEST WOODROW WILSON DRIVE
CITY-ST-ZIP	JACKSON, MS 39209
TITLE	P
NAME	BAKER, ADOLPHUS B
STREET ADDRESS	3320 WEST WOODROW WILSON DRIVE
CITY-ST-ZIP	JACKSON, MS 39209
TITLE	V
NAME	COLLINS, CHARLES F
STREET ADDRESS	3320 WEST WOODROW WILSON DRIVE
CITY-ST-ZIP	JACKSON, MS 39209

**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:**

**CHARLES COLLINS**

**V.P.**

**4/2/08**

Date

**601-948 6813**

Daytime Phone #