


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90201 001 \*\*\*600.00

<b>DOCUMENT # F93000000310</b> 1. Entity Name <b>FRED'S STORES OF TENNESSEE, INC.</b>	
---	---

Principal Place of Business <b>4300 NEW GETWELL ROAD MEMPHIS, TN 38118</b>	Mailing Address <b>4300 NEW GETWELL ROAD MEMPHIS, TN 38118</b>
---	---

**66012895**



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>71-0439888</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>
--

**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.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	--

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, MICHAEL J 4300 NEW GETWELL ROAD MEMPHIS, TN 38118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VAIL, CHARLES S 4300 NEW GETWELL ROAD MEMPHIS, TN 38118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REIER, JOHN D 4300 NEW GETWELL RD MEMPHIS, TN 38118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASEY, JOHN A 4300 NEW GETWELL RD MEMPHIS, TN 38118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:**

*Charles S. Vail*  
**Charles S. Vail**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-05**

Date

**901-238-2229**

Daytime Phone #