

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001266

Entity Name: OLD TIME POTTERY, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

4021 W. COMMERCIAL BLVD.
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1838
MURFREESBORO, TN 371331838

New Mailing Address:

FEI Number: 62-1249062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: P () Delete
Name: PETERSON, SCOTT M
Address: PO BOX 1838, 480 RIVER ROCK BLVD
City-St-Zip: MURFREESBORO, TN 371331838

Title: SD () Delete
Name: PETERSON, SALLIE S
Address: PO BOX 1838, 480 RIVER ROCK BLVD
City-St-Zip: MURFREESBORO, TN 371331838

Title: VP () Delete
Name: PETERSON, GLENN
Address: PO BOX 1838, 480 RIVER ROCK BLVD
City-St-Zip: MURFREESBORO, TN 371331838

Title: SD () Delete
Name: PETERSON, JACK H
Address: PO BOX 1838, 480 RIVER ROCK BLVD
City-St-Zip: MURFREESBORO, TN 371331838

Title: D () Delete
Name: CARSON, HARRY SR
Address: 189 FOREMAN RD
City-St-Zip: FREEPORT, PA 16229

Title: D () Delete
Name: LINDSAY, ROSS III
Address: 4707 OLEANDER DR
City-St-Zip: MYRTLE BEACH, SC 29577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: SHARP, ROBERT
Address: 315 ELLA STREET
City-St-Zip: SMYRNA, TN 37167

Title: VP (X) Change () Addition
Name: HAUCK, BILL
Address: 1532 STRATFORD HALL CIRCLE
City-St-Zip: MURFREESBORO, TN 37130

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 exemption stated 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 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: ANGIE DEBERRY

OTH

04/14/2009

Electronic Signature of Signing Officer or Director

Date