


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P13693 1. Entity Name OLAN MILLS, INC.		
Principal Place of Business 4325 AMNICOLA HWY. CHATTANOOGA, TN 37422-3456 US	Mailing Address 4325 AMNICOLA HWY. CHATTANOOGA, TN 37422-3456 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDOWELL ROBERT L 4325 AMNICOLA HWY CHATTANOOGA, TN 37406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCD MILLS, OLAN II 4325 AMNICOLA HWY CHATTANOOGA, TN 37406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO LARDEN, LAURA 4325 AMNICOLA HWY CHATTANOOGA, TN 37406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, JAMES B 4325 AMNICOLA HIGHWAY CHATTANOOGA, TN 37406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ALEXANDER II 4325 AMNICOLA HWY CHATTANOOGA, TN 37406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Laura H. Carden</i></u> <u>Laura H. Carden VP/CEO</u> 4/20/06 423629-8312 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1220797	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000531188
05/06/06-80029-008 150.00

**DO NOT WRITE
IN THIS SPACE**